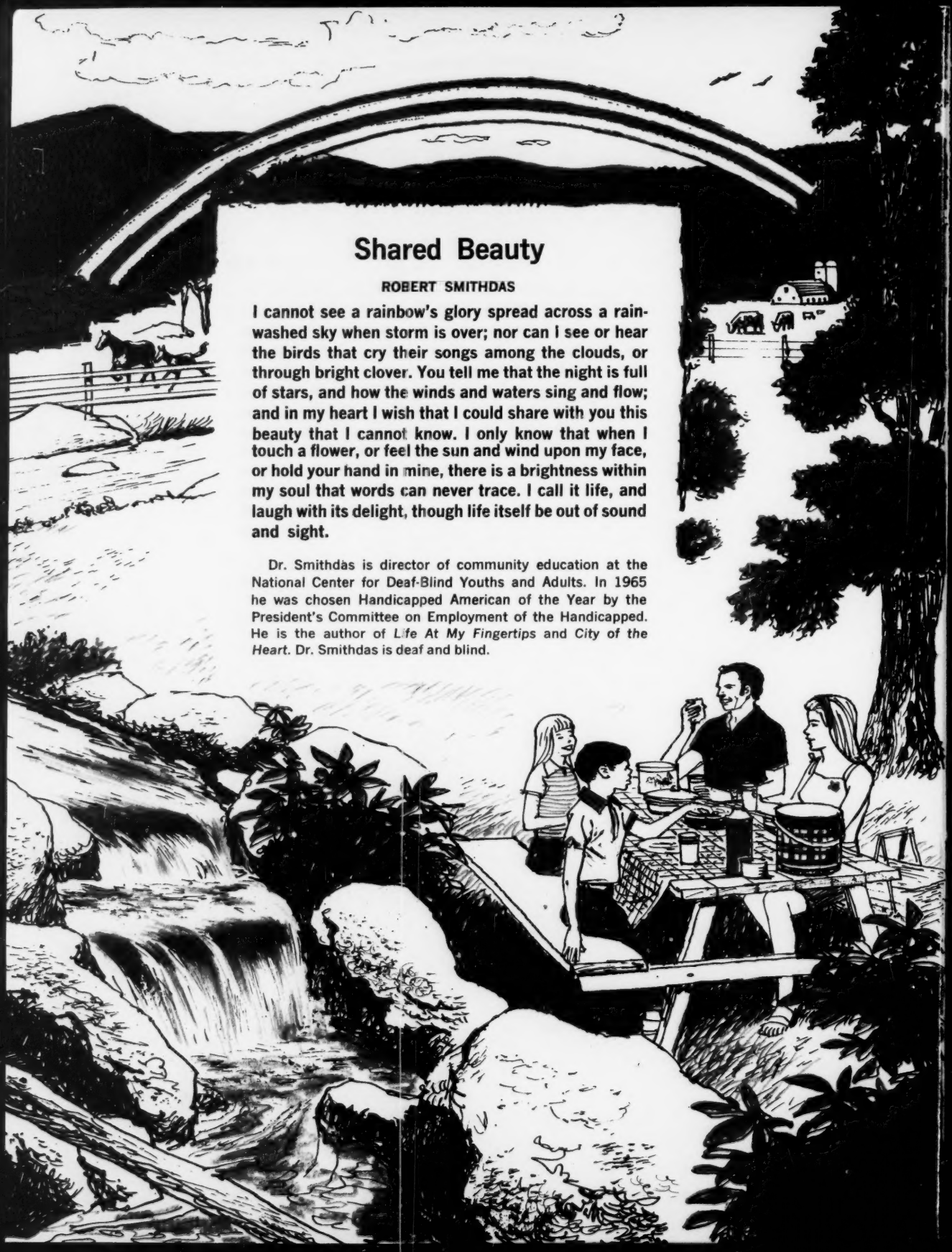
REHABILITATION RECORD

March and April 1973

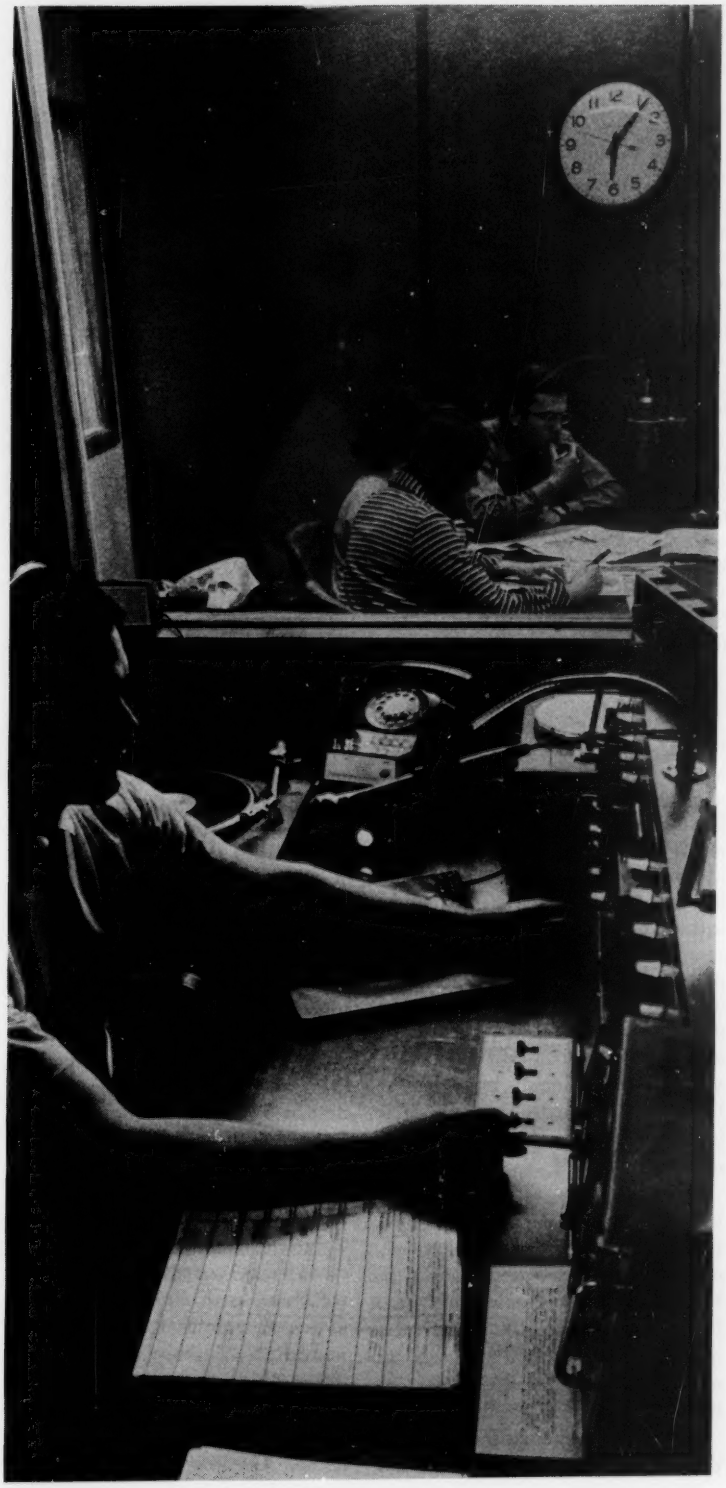


Shared Beauty

ROBERT SMITHDAS

I cannot see a rainbow's glory spread across a rain-washed sky when storm is over; nor can I see or hear the birds that cry their songs among the clouds, or through bright clover. You tell me that the night is full of stars, and how the winds and waters sing and flow; and in my heart I wish that I could share with you this beauty that I cannot know. I only know that when I touch a flower, or feel the sun and wind upon my face, or hold your hand in mine, there is a brightness within my soul that words can never trace. I call it life, and laugh with its delight, though life itself be out of sound and sight.

Dr. Smithdas is director of community education at the National Center for Deaf-Blind Youths and Adults. In 1965 he was chosen Handicapped American of the Year by the President's Committee on Employment of the Handicapped. He is the author of *Life At My Fingertips* and *City of the Heart*. Dr. Smithdas is deaf and blind.



"Tuned-in" Blind People

C. Stanley Potter

The Radio Talking Book program of the Minnesota State Services for the Blind and Visually Handicapped was inaugurated in January 1969. The pioneering program has grown steadily ever since and now numbers over 2,000 listeners. We estimate that as funds become available the service will be expanded and eventually will reach from 10,000 to 15,000 handicapped persons in the State. When that goal has been attained, the Radio Talking Book Network may well constitute the largest consistent radio audience in the State.

At present we have four transmitters and six cable systems in outlying areas which carry our broadcasts.

The service is provided through our Communication Center which coordinates all facets of programing and airing. In addition to this task, the Center is charged with coordinating the preparation of textbooks in Braille and tape and with distributing and repairing the phonograph talking book machines provided by the Library of Congress.

In its overall work, the Center uses the services of some 375 volunteers to Braille and tape textbooks, to prepare and present broadcasts, and to service the 5,000 radios and phonographs now in use. In addition the Center prepares a broadcast calendar that is sent to all users. (See separate feature elsewhere in this article.)

Mr. Potter is Director, State Services for the Blind and Visually Handicapped, Minnesota.

A measure of the program's success to date is the interest that it has awakened in organizations for the blind in other parts of the country. Kansas now has an established program. Although it is new and small, it promises to expand into a full-fledged and statewide service. Interest has also been exhibited for such a service in the States of Oklahoma, Illinois, South Carolina, and Washington.

Closer to home, the assessment is made through such user comments as:

"Beautiful service—this radio—and a great stride forward to the blind who cannot independently keep up with the local news and current issues of the day. . . ."

". . . God's blessing a hundredfold . . . for the very fine programs, news and books. . . ."

"When I lost my sight 5 years ago one of the most difficult things to adjust to was not to do my own reading . . . how thrilled I was to receive my radio and be able to know what people are talking about when they mention a book or some newspaper article. I am probably better informed now than when I could see. . . ."

Objectives of the Radio Talking Book

Because we believe that our constituents have a right to be informed fully if they are to compete in the community at large, we present a full programing experience that includes news, literature, comment, and interview.

In our opinion, the material used in programing must be very much up-to-date. If it does not contain a high content of local information, the radio talking book has no advantage over the phonograph talking book.

Materials are selected for their popularity and availability. They are not edited for content or vocabulary, but will occasionally be edited for timing purposes. Book selections are made from best seller lists and from recommendations by librarians in St. Paul. The St. Paul Public Library, for example, gives the radio talking book first priority for the many new books received each month.

The radio talking book reader can listen to the morning and evening newspapers in full, hear magazines just off the newsstands, and digest best sellers as they are being talked about by friends.

A very important objective is the element of rehabilitation and teaching that is made readily available through the use of round table discussions and interviews. Thus the service offers an opportunity to reach, stimulate, and teach a larger number of blind and visually handicapped persons than ever before—particularly in terms of rehabilitation attitudes, information, and some skills.

The radio service can include information on community resources and provide families with normative information about what visually handicapped people can expect to achieve educationally, socially, and vocationally in society. Occupational information, hobby information, personal grooming, information about job requirements are also given.

Round table discussions by handicapped students, counselors, teachers, and blind persons already engaged in various vocations, businesses, and professions are broadcast. These stimulate the imagination of the listener to an exploration and anticipation of his own unrealized possibilities.

I must reemphasize the fact that the radio talking book should not be considered a substitute for the phonograph talking book. Radio should be used to encourage interests and their further exploration through selective reading via talking book records, tapes, and Braille. However, the radio can be used independently by persons whose disabilities prevent them from physically managing the other media. The radio's chief contribution is in the currentness and localization which it makes possible.

How Does the Service Work?

Every FM station has the capacity to operate at least two subcarrier channels in addition to its main channel. One subcarrier is utilized with the main channel in connection with stereo broadcasting. The second subcarrier often is not used. If it is, it is generally rented to companies who provide background music in department stores, doctors' offices, etc. We use this second subcarrier of FM stations to transmit our radio talking book programs.

Each person receiving the radio talking book service has a receiver that is a single frequency, pretuned unit. The signal received cannot be heard by the general public. The receiver is tuned to the station nearest the listener that broadcasts our programs.

The Radio Talking Book Network is programed and broadcast by us with the collaboration of Minnesota Educational Radio, Inc. Cable systems and other broadcasters also cooperate. Signals are receivable with good quality about as far as are TV signals, that is, within a radius of up to 50 miles, depending upon the terrain, the power of the FM station's transmitter, and the height of its antenna. Greater transmission dis-

Volunteers make last-minute checks before broadcasting "Morning Newspaper" to blind clientele.

tances are attainable wherever community antenna cable systems (CATV) are used, provided the cable system in the area is carrying the FM station which is using its 67 kilocycle subsidiary carrier to transmit radio talking programs. Approval for the use of the 67 kilocycle subcarrier must be obtained from the Federal Communications Commission by the licensee of the station.

Additional information and technical data is available on this project to qualified engineers and administrators from our offices: State Services for the Blind and Visually Handicapped, 1745 University Avenue, St. Paul, Minnesota 55104. Also available is a report on this system prepared by our office and a sample calendar of programing events. Because of the numerous inquiries received about this project, we suggest that contact first be made through your State agency for the blind. This will greatly help us administratively and will avoid duplication of effort.

Who Is Eligible?

Up to a few years ago specialized library services were provided solely for the use of blind persons and for this reason the recordings available now will usually include a statement to this effect. However, legislation now extends talking book services not only to individuals who experience difficulty seeing as a result of visual limitations, partial or total, and are therefore unable to read print effectively, but also to individuals who are physically impaired to the extent that the holding or reading of ordinary books and magazines substantially restricts their reading ability. This includes such persons as those who have lost the use of arms or hands, those whose muscle and nerve control are severely impaired, those who have suffered from the results of strokes or advanced stages of cerebral palsy, multiple sclerosis, muscular dystrophy, polio, and severe arthritis.

It is extremely important that the service be restricted to the audiences defined above since copyright problems could occur otherwise. We therefore determine eligibility on the basis of submitted medical evidence.

Copyright

A careful study of the federal copyright laws was made. In accordance with this study we concluded that the Radio Talking Book Network would be covered by the "Fair-Use Provision" with the carefully restricted audience being served. Anyone taking initiative in establishing such a service should contact and work with his State agency for the blind, since medical eligibility must be established for each person with whom a receiver is placed in order to provide protection under the copyright laws.

Programing

The majority of the programing is prepared by carefully selected and trained volunteers who either prerecord programs or participate in live broadcasts. Staff operators do much live broadcasting as well as hourly station identifications which include announcements of programs scheduled for each day and promotions for upcoming books, weather forecasts, and any newsbreaks which may occur during the day.

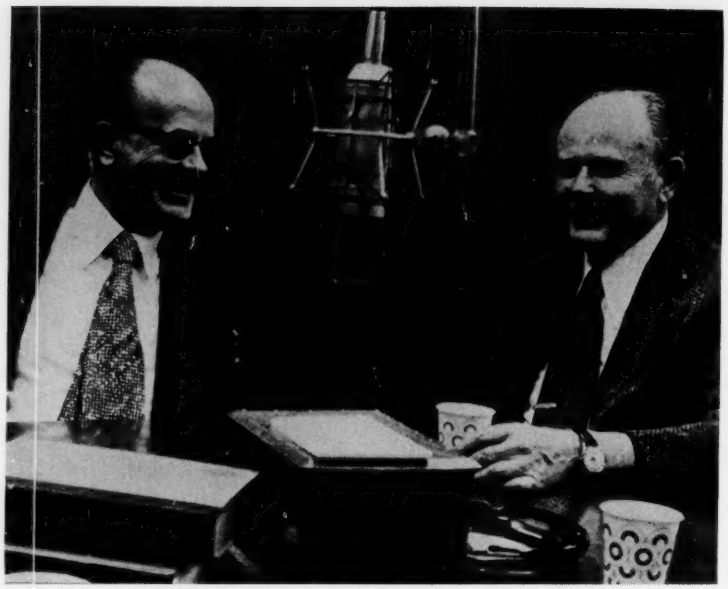
The day begins with the morning newspapers from 7:00–9:00, a live program conducted by a staff opera-

tor and one or two volunteers. Questions have arisen from other State personnel as to the value of reading the newspaper. It is our feeling that commercial radio and television present capsulated news, whereas newspapers include background and opinion concerning the news events. The morning and evening newspaper programs on the Radio Talking Book Network emphasize local events and local opinion. Listeners confirm that this is one of the most valuable programs since it allows the blind person to be fully informed on what is happening on the local and national scene and enables him to discuss these happenings most knowledgeably with his friends and associates. In addition to national and local news items, the sections on sports, family life, editorials, business, columns, and reviews are also covered.

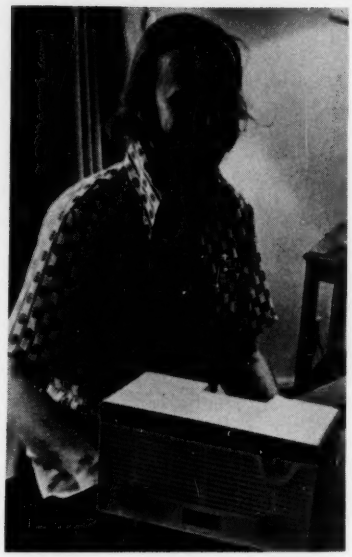
Another program along this same line is "Commentary," which covers national and international news magazines and papers such as *Time, Newsweek, Life, Christian Science Monitor,* and the *Manchester Guardian.* These periodicals and papers are broadcast as soon as they are available on the newstands. A regular feature of "Commentary" is the portion of the program devoted to materials of special interest to visually and physically handicapped persons such as the *Braille Monitor, Washington Report, Listen* and others. Interviews with blind persons or persons involved in programs for the blind and physically handicapped are also presented. It is a time when announcements of meetings of various organizations of blind persons or special activities for blind persons as well as other community activities can be called in for broadcast.

Many books—fiction and nonfiction—provide the listener with hours of enjoyable reading and also keep him informed on current issues of the day.

Other types of programs include interviews, cooking and homemaking shows which include informa-



Author (above, left) interviews E. B. Whitten, Executive Director, National Rehabilitation Association. Such interviews keep blind persons up on national trends in rehabilitation. Two good Radio Talking Book customers (below), Mr. and Mrs. Norman Fettig, can't wait for the end of day for the next chapter of their book-on-radio. Their guide dogs prefer music, the Fettigs say.



Manfredo Fest is Brazilian-born musician who has a nationally-released album on RCA's Daybreak Records label. He was featured on the July 1972 cover of Minnesota Radio Talking Book Calendar, and he is an avid listener since he is himself blind.

tion on new products on the market and best food buys of the week from the ad section of the newspapers, short stories designed for aging listeners who may have shorter attention spans (i.e., nursing home residents), teen-age programs, and programs of children's stories. There are regular programs about nature, about money, about sports.

Earphones are provided so that the blind person can read in privacy as print readers do, without others judging the content of the materials he chooses to hear.

Staff

Personnel resource comes through the Communication Center. There is one full-time programer, a part-time assistant, and a full-time broadcaster. The basic success of the operation comes through the employment of a highly skilled broadcast engineer whose responsibility it is to provide technical quality control, technical innovations, and maintenance of broadcast equipment. Five part-time broadcasters are employed to carry on the weekend and late evening and early morning programing. Additional staff members (13), who carry other prime responsibilities in the Communication Center, also have functions which contribute to the operation of the radio talking book service. Of the approximately 400 volunteers who work with the Communication Center during the year, 130 volunteers are broadcasters. Properly selected, tested, and supervised, volunteers are the greatest single asset.

Funding and Costs

The service was established and is sustained by major grants from The Hamm Foundation of St. Paul. The activities have been extended by grants from The Rochester Foundation (Minnesota), The Joseph Paper Foundation (St. Paul), The St. Croix Foundation (Stillwater, Minnesota), The Lee and Rose Warner Foundation (St. Paul), The Seeing Eye (Morristown, New Jersey), public funds, and individual gifts. An RSA innovation grant was also awarded. Rehabilitation funds also help support broadcasts with high vocational rehabilitation impact.

Costs for such a service are variable. Subcarrier service, for example, may be donated or paid for. Receivers cost from $45 to $50 each. In addition, the following material and space must be worked into the total cost of such a service:

- A subcarrier generator and modulation monitor—about $1,600 per station in your system.
- A sound-treated production studio.
- Several sound-treated recording booths.
- Production console—about $2,000.
- Tape recorders—cost depends on brand.
- Broadcast quality tape reproducing decks—about $800 each. The Minnesota program has six.
- A pair of broadcast quality microphones which are used for live programing—$400 each.
- Rental of equalized telephone lines to take the signal from the studio to the transmitter (cost depends upon distance).
- If more than one station is being utilized, a receiver and antenna at each additional transmitter will be necessary—$300–$400.
- An institutional installation is made in which the FM signal is picked up and rebroadcast through power lines so that the signal is receivable throughout an institution. Each such installation will cost about $500, but will be receivable as an AM signal on radios which most patients already have.

Professional "broadcast quality" equipment covers a wide price range. Actual costs would depend on long term reliability of the brand selected.

Calendar

The *Minnesota Radio Talking Book Calendar* is composed by the Communication Center and issued to its over 2,000 network listeners.

In addition to the daily radio schedules, the *Calendar* brings general schedule and program information in a narrative style. Also carried are features about listeners and other general information about network operation, expansion, and plans. A section entitled "Book Nook" presents a brief synopsis on each of the books that will be aired during the *Calendar's* effective dates.

The *Calendar* is printed in both ink and braille editions.

Tasters and smellers In the Food and Fragrance Industry

A Limited New Job Possibility for the Blind

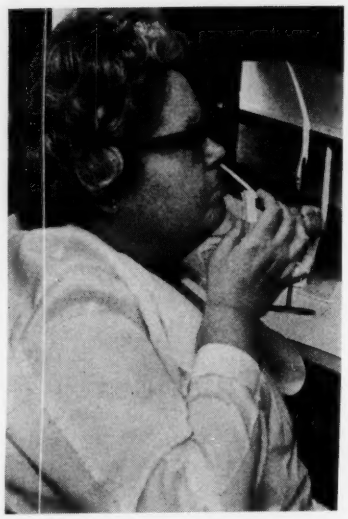
Elisabeth D. Freund

The light and airy room smells deliciously of freshly brewed coffee, and the six persons sitting comfortably around the table look as if they had come for a coffee klatch, But it is strange: there is no cream, nor sugar, nor cake on the table; and these people have a queer way of slurping each sip with great noise, spitting it out again, and then scribbling something on a slate.

If you watch them more closely, you will discover that three men and two women are blind, only the sixth person can see; she is the sighted supervisor of the blind taster panel of General Foods Ltd. in Montreal. These persons do the quality product evaluation of instant coffee at the LaSalle plant.

With the standardization of modern food, the customer who buys a certain brand wants it to taste exactly as he thinks it should. If he buys Maxwell House instant coffee, it should not taste like Nestle or vice versa. Therefore, the manufacturers carefully have to supervise their product's uniformity.

For this purpose they keep a "standard"—a sample of how the product should taste or smell. Constantly tests have to be made to compare the daily output with this standard. Besides this procedure, called quality control, there are the "preference tests" (I like this cake better than the other one!"). But for the latter test, a wide selection of consumers is interrogated for their opinions rather than depending on the opinions of a trained panel.



The nose knows! A Glidden Durkee employee checks fragrance to assure consistent product.

Until recently quality control tests usually were made by sighted office or factory workers who were called at random whenever testing was needed. It is not farfetched to ask why blind persons cannot be used as testers—they can taste and smell pretty well, too. Not that they have a special sensory acuity or the mysterious "sixth sense" which well meaning sighted persons would like them to have. But they make the best of the senses left to them; they work with great concentration, will not easily be distracted, and, moreover, have great motivation for doing an outstanding job. So, why not employ blind tasters and smellers?

Very often the managements of corporations have no experience with the visually handicapped and, therefore, are prejudiced. Once I was told: "Of course we cannot use blind testers. They would only upset the bottles!" But there is little breakage with blind workers, and there are amazingly few accidents. That is the reason why insurance and workmen's compensation rates will not be raised when blind workers are employed. The insurance companies know that the blind are more careful and have less accidents than sighted persons.

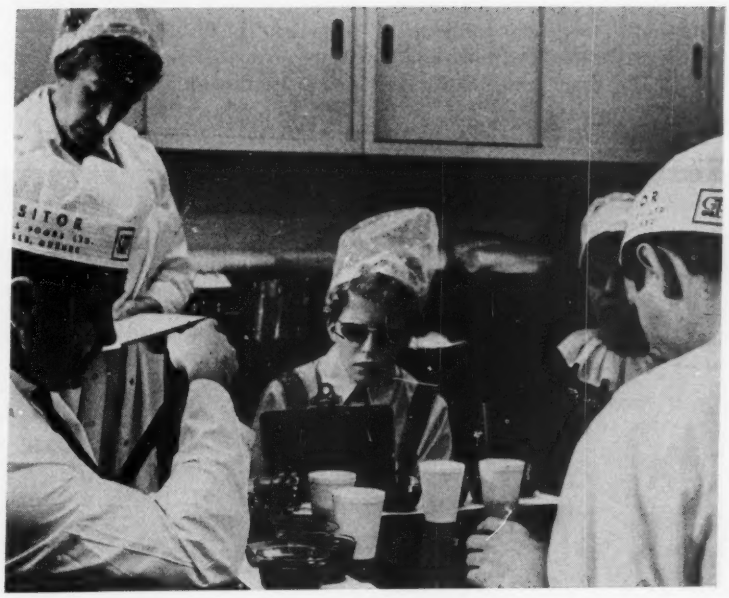
The industry can be sure, too, that after a very short time everybody will find his way around the plant, especially in the halls, without help. The blind workers will arrange their own transportation to and from the factory by getting lifts from sighted friends or coworkers. And last but not least, the management has not

Elisabeth D. Freund is Project Director, Employment of Tasters and Smellers, Science for the Blind, Philadelphia. She is also Consultant, Monell Chemical Senses Center, Pennsylvania University.

A coffee tasting panel at work at Montreal plant of General Foods, Ltd.

to be afraid of how communication with the blind will be achieved. One has not to shout at them (as so many people do); they can hear; and they will not use this "incomprehensible" Braille script, but Arabic numbers and Roman letters for their evaluations.

On one occasion a laboratory chemist wanted to explain to me in all details the procedure used for tests by sighted panelists in order to show what difficulties there would be with blind workers. But he himself got confused (and I was amused!) when he had to mention that during tests the lights in the lab were dimmed, the testers closed their eyes for better concentration so that their judgments would not be influenced by the appearance of the product, and quite often they



were even blindfolded. That's why, in the laboratory world, evaluation tests are called "Blind Tests!" So again: Why shouldn't the blind excel in this kind of work? They definitely would not need blindfolds!

The first company to come to this conclusion was Backus & Johnston, Lima, Peru, the largest brewery in that country. Since 1962 a blind panel has been working there for beer control. Then, in 1964, blind smellers were hired by Glidden Durkee, Jacksonville, Fla., where synthetic flavoring and perfumery chemicals are made. At General Foods Ltd., Montreal, the blind panel began its work in 1971. Now, more firms are considering the idea since it was presented at the May 1971 Convention of the Institute for Food Technologists at Minneapolis.

All three firms mentioned stress the fact that they don't act for sentimental reasons, but because they think that blind testers are definitely better than the comparable sighted panelists and that the keenness of their work is remarkable. They testify that since blind persons have done the evaluations the product quality has improved greatly.

Formerly the greatest obstacle to blind and sighted testing alike was the dreaded fatigue of the sensory organs. Everybody has had the experience, at one time or the other, that after a short period you can no longer differentiate between different smells or tastes; the senses need some rest. General Foods solved this problem by having the blind tasters set, clear, and reset the table after each test, and then wash all used utensils. The whole laboratory suddenly turns into a pantry. By these interruptions, plus two "coffee-breaks," and the lunch hour it became possible to have the panel work for a 5-hour day. Right now they are experimenting with a 7-hour day with reasonable interruptions. It seems to be possible.

Some firms will tell you that their output is not big enough to keep a panel busy for a whole day. But they could hire a small group of blind testers whose main job would be to work as panelists, while they could be used in other capacities in the plant when tests are not going on. This arrangement would be more advantageous for the firms than having a large group of occasional, sighted testers trained who are not always able or willing to interrupt their regular work. Only by specializing in testing is the important taste or smell memory acquired. The firms just don't know in how many different jobs the blind can do good work.

Evaluation tests have to be done slowly to give good results. They should not be conducted in the quick rhythm of the pressure work at a factory. This kind of work is an ideal situation for many blinded war veterans and car accident victims. Unfortunately, even plants with a large production rarely will need more than 5 to 7 specialized panelists.

Not everybody can serve as a tester. The job is not as easy as one would suppose when observing this peaceful group at General Foods. One pretty young woman there, blinded in a car accident when just newly married, told me how lucky she felt because her husband had encouraged her to "go right on and be a person again." She added: "But you won't believe that it took us 6 months of intensive training before we learned to make the right evaluation. It needs a great deal of concentration and sometimes we wondered whether we would ever learn." When I asked whether there was a great turnover within the group, the answer was: "What do you think? We like this work which gives us a great satisfaction because we feel our tests are decisive for the good quality of the instant coffee. The management treats us like experts. But it is true, there was one man

Blind People In Information

The Arkansas Enterprises for the Blind (AEB) in Little Rock has been awarded a projects with industry grant to train blind people as civil service information specialists in the Civil Service Commission (CSC). The new enterprise draws heavily on the successful project conducted by AEB which trains blind persons as taxpayer service representatives for the Internal Revenue Service. (More than 100 blind persons are either now working or are in training for the IRS positions.)

This can be viewed as an ever-widening step to open new positions for blind persons in hitherto unexplored regions of work for the blind. Public inquiries in both government and the private sector are skyrocketing as consumers of services become ever more aware of their rights for these services. Project personnel

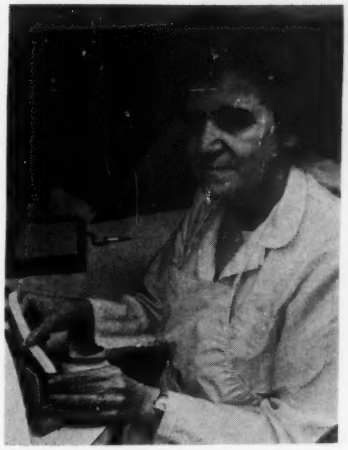
who had to give up voluntarily because he was not able to adapt to the procedure."

Screening of prospective testers is done by the offices for the blind as soon as they get a request for panelists. It would be senseless to train anybody without such a request.

There is no difference in the olfactory senses between men and women, and the same goes for the ages between 20–45 years. It is erroneous to think that only persons with a very acute sensibility of taste and smell can perform well. On the contrary, they should have an average ability, neither too much nor too little.

By some simple tests of the basic tastes (sweet, salty, acid, and bitter) and flavors (flowery and fruity fragrances, peppermint, vinegar, smoked ham, turpentine, etc.) the sensitivity of a candidate can easily be decided.

Most important is the personality of the applicant. Of course, he has to be in good health and has to have an average education. He has to be able to adapt quickly to a new job, to concentrate and memorize, to be punctual and responsible. Working in a group needs certain qualities: one should be neither a bully nor a meek follower. Quite a lot of first-class requirements! You wonder where such prodigies can be found? But in reality a good placement officer knows his clients and will pick the right ones who will be willing and able to learn and adapt.



Another Glidden Durkee employee preparing a sample.

The training is done by and in the factory. It is obvious that each product will have to be tested in a slightly different way. After an introductory period of 3 or 4 weeks, the applicant will know whether he is really interested. If he stays in training, some probationary weeks will be followed by work simulation and later, beginner's work. After 6 months, he will be a well-trained tester.

During the training, firms pay an expense allowance of $6 a day. Regular workers get about $3.75 per hour as of May 1972.

If only more jobs as testers were available! Yet there never will be a possibility of many hundreds, only for a few. But it is one of the rare jobs available for the blind where blindness is not a handicap. It was typical that at the convention of the food technologists one producer said to me reproachfully: "Heavens, why didn't you tell me earlier! We just had a whole group of sighted testers trained!" Well, I hope that with enough publicity for the project this won't happen again.

The blind coffee tasters in Montreal have complaints, too. One young man said, with a smile: "Just think what this job is doing to me! How I loved coffee breaks in my former life! Now I avoid them like hell; I wouldn't go even if they paid me for it. And don't you agree that now there is little hope for a happy marriage left for me? Can you imagine a future wife making coffee that will stand up to my criticism?" ■

hope that the successful demonstration of this project will prove to many governmental agencies and private industries the practicality of hiring blind people in information processing jobs.

In addition to usefulness in many governmental positions, the project director forsees eventual placement for blind people in such private enterprises as hospitals, telephone and utility companies, and with the airlines. The expertise for such growing placement opportunities for the blind will come from the present project, the IRS project, a demonstration program for telephone service representatives at Los Angeles City College, and a well-established project at Daytona Beach, Florida, for training Social Security personnel.

The first class is now underway at AEB. Five students are expected to graduate in May 1973, and they will be assigned CSC slots in Los Angeles, Philadelphia, Kansas City, Atlanta, and Boston. A second class of five students is expected to graduate in October 1973. By that time there will be enough information and research data to move from a demonstration project to a regular AEB ongoing program for other CSC area offices in the Nation.

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There is no difference in the olfactory senses between men and women, and the same goes for the ages between 20–45 years. It is erroneous to think that only persons with a very acute sensibility of taste and smell can perform well. On the contrary, they should have an average ability, neither too much nor too little.

By some simple tests of the basic tastes (sweet, salty, acid, and bitter) and flavors (flowery and fruity fragrances, peppermint, vinegar, smoked ham, turpentine, etc.) the sensitivity of a candidate can easily be decided.

Most important is the personality of the applicant. Of course, he has to be in good health and has to have an average education. He has to be able to adapt quickly to a new job, to concentrate and memorize, to be punctual and responsible. Working in a group needs certain qualities: one should be neither a bully nor a meek follower. Quite a lot of first-class requirements! You wonder where such prodigies can be found? But in reality a good placement officer knows his clients and will pick the right ones who will be willing and able to learn and adapt.

Another Glidden Durkee employee preparing a sample.

The training is done by and in the factory. It is obvious that each product will have to be tested in a slightly different way. After an introductory period of 3 or 4 weeks, the applicant will know whether he is really interested. If he stays in training, some probationary weeks will be followed by work simulation and later, beginner's work. After 6 months, he will be a well-trained tester.

During the training, firms pay an expense allowance of $6 a day. Regular workers get about $3.75 per hour as of May 1972.

If only more jobs as testers were available! Yet there never will be a possibility of many hundreds, only for a few. But it is one of the rare jobs available for the blind where blindness is not a handicap. It was typical that at the convention of the food technologists one producer said to me reproachfully: "Heavens, why didn't you tell me earlier! We just had a whole group of sighted testers trained!" Well, I hope that with enough publicity for the project this won't happen again.

The blind coffee tasters in Montreal have complaints, too. One young man said, with a smile: "Just think what this job is doing to me! How I loved coffee breaks in my former life! Now I avoid them like hell; I wouldn't go even if they paid me for it. And don't you agree that now there is little hope for a happy marriage left for me? Can you imagine a future wife making coffee that will stand up to my criticism?" ■

hope that the successful demonstration of this project will prove to many governmental agencies and private industries the practicality of hiring blind people in information processing jobs.

In addition to usefulness in many governmental positions, the project director forsees eventual placement for blind people in such private enterprises as hospitals, telephone and utility companies, and with the airlines. The expertise for such growing placement opportunities for the blind will come from the present project, the IRS project, a demonstration program for telephone service representatives at Los Angeles City College, and a well-established project at Daytona Beach, Florida, for training Social Security personnel.

The first class is now underway at AEB. Five students are expected to graduate in May 1973, and they will be assigned CSC slots in Los Angeles, Philadelphia, Kansas City, Atlanta, and Boston. A second class of five students is expected to graduate in October 1973. By that time there will be enough information and research data to move from a demonstration project to a regular AEB ongoing program for other CSC area offices in the Nation.

493-413—73——2

A Private *"Sonic Boom"*

Blind woman trains with sonic glasses. They are adjunct to long cane, not meant to replace it.

In Arkansas, a small group of people are wearing eye glasses to hear through rather than to see through. Yet, in an extended sense, their hearing will help them "see" better. The group is composed of blind persons, mobility instructors, and researchers at the Arkansas Enterprises for the Blind in Little Rock. They are testing a device called "ultrasonic binaural sensors."

The device, developed by Leslie Kay of New Zealand, emits ultrasonic sounds from a meshed opening on the bridge of an eye glasses frame. The sound is reflected from objects in its path. It bounces back to the sender and is received through two openings immediately beneath the frame, where the impulses are translated into audible sound. Through two thin plastic tubes, the sound is then transmitted to the person's ears. Because of their construction, the tubes do not obstruct the ear canal, nor do they reduce the person's ability to hear outside sounds.

The sonic implement is not designed to take the place of mobility using the long cane, but to act as an adjunct to it. Researchers say that it helps to extend the perceptual environment of the user by as much as 20 feet. The area covered by the "silent and then audible sound" covers a cone-shaped area of about 60 degrees, with the point starting at the user's forehead.

Blind testers at Arkansas Enterprises are all experienced cane travelers. They begin their training by negotiating an obstacle course composed of weighted-based poles that can be moved in various patterns. Then they move to other areas where other obstacles test their avoidance prowess.

One of the users has this to say about it: "I find the sensor helpful in paralleling a building, locating entrances, avoiding pedestrians and obstacles, walking down aisles of a store and locating landmarks."

And, so, a small sound may have loud repercussions for the blind. ■

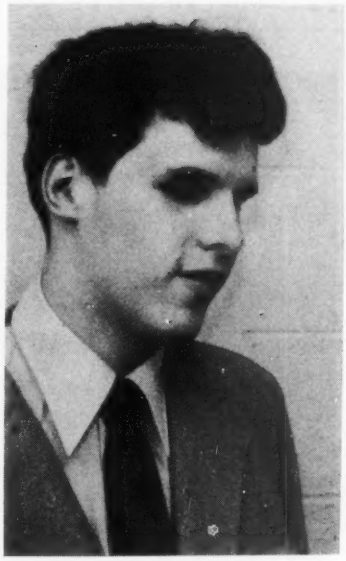
The Sky's The Limit

Kurt Milam

James F. Wantz was first introduced to the Division of Vocational Rehabilitation at age 15. He expressed a desire to enter the field of meteorology. Because Jim was totally blind, the initial reaction to this was somewhat negative. Nevertheless, his counselor investigated this possibility. A letter from the National Center for Atmospheric Research in Boulder, Colorado revealed that it would be a challenge for them to accept a blind person as a candidate for performing research in the field of meteorology. With this in mind psychological tests were administered. Although the tests could not zero in on a choice of meteorology as a career, they did indicate that he had the ability to pursue a college program.

After high school graduation, Jim attended a rehabilitation center where he received intensive mobility instruction and training in other skills. Without them his outlook for attending college, indeed, would have been slim.

When Jim's case was transferred to me, I perceived that his former counselors had guided him in the right direction. After all, isn't it the counselor's responsibility to see that his client is provided the services to overcome his handicap? And Jim



James F. Wantz

was well on his way when I first met him: he had the mobility skills that unlocked the environment to him; he was furthering his education; and he had the indomitable conviction that he could attain his goals.

The counselor has the responsibility of coordinating services and making pertinent decisions that may influence the vocational objective of his client. Every counselor is interested in directing his client toward a vocational area where he may utilize the best of his potential. In addition, the training area must also be compatible with the clients' interests.

In work with the blind, however, vocational choice and client interest are not always possible because only a small percentage of occupations have been performed traditionally by the blind. From the time of the initial interview with a client, the counselor considers the evaluations and tests administered to his client and attempts to advise and recommend various vocational possibilities that blind persons have performed successfully. If an objective arises that has not previously been attempted by a blind person, there is often much opposition and skepticism on the part of the counselor as well as other supervisory people. Many times such criticism is valid. Although if placement opportunities are to be expanded, the counselor must be able to exhibit creativity and be willing to test or establish a hypothesis. Jim Wantz, as an example, shows how one hypothesis was proven to be quite valid.

Upon finishing high school and special instruction at the rehabilitation center, Jim completed the 2-year course at Community College of Baltimore. A critical decision had to be made at that time, regarding a specific vocational objective.

Because Jim's desire for a career in meteorology had never waned, his counselor at that time went ahead to find out all that he could about the possibility of his pursuing this goal. Inquiries revealed that schools having a major in meteorology were at a loss as to the means by which a totally blind person would be able to complete the necessary courses. They did not know of any meteorological instrumenta-

Mr. Milam is a rehabilitation counselor with the Maryland Division of Vocational Rehabilitation.

tion available or adapted for a person with a visual disability. There was also a question on their part regarding the opportunities for placement and what limitations might be imposed due to a visual handicap. Admittedly, these were valid questions because there had never been a totally blind person employed as a meteorologist with the National Weather Bureau.

There was a great deal of concern regarding the sponsorship of this type of curriculum through DVR. Although some people felt that this was an unrealistic goal, the counselor considered it justifiable. He hoped that if his client were successful a new area for employment of the blind would be opened.

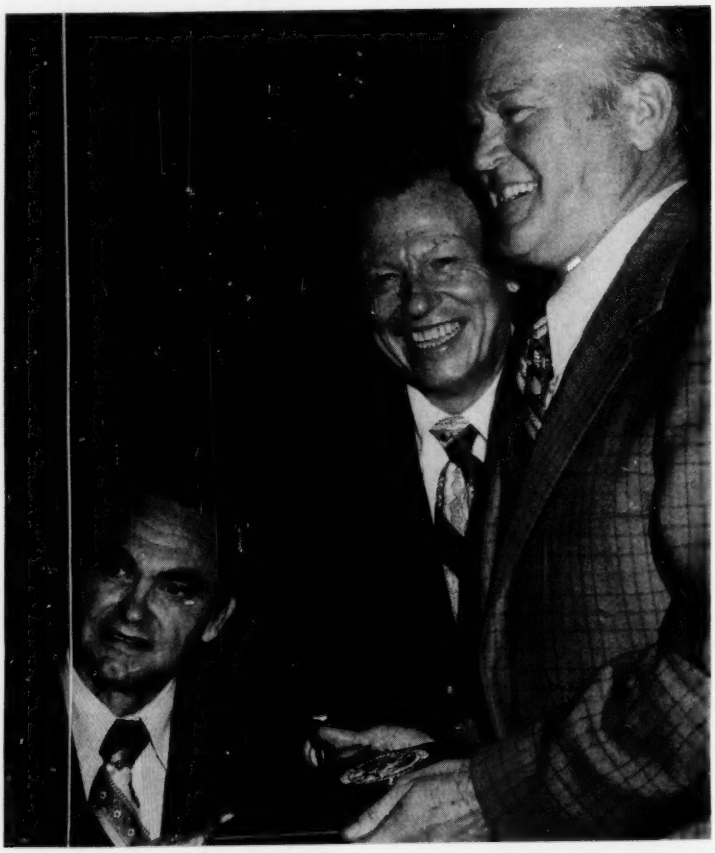
Mr. Wantz enrolled at Penn State University which was the only school in the immediate area which offered a bachelor's degree in meteorology. It was at this time that Jim's case was transferred to me. Professors from the Meteorology Department took special interest in Jim. They worked out appropriate lesson plans when needed. Jim successfully completed his undergraduate work after which followed an intense effort to secure employment in meteorology. With the aid of school officials I made several inquiries into job possibilities. Finally we were able to secure employment for Jim with the National Weather Bureau in Kansas City, Missouri.

Jim is presently working as an instructor in meteorology at the Kansas City location. He is responsible for training new employees in the techniques of interpreting and diagnosing various weather conditions.

Because it is necessary for him to keep up to date with current weather conditions, a Braille teletype terminal was purchased by the Maryland DVR. The terminal enables Jim to collect instantaneous weather data which he incorporates into his daily classes. How does Jim receive written messages? Simply. An electric Braille typewriter with a standard keyboard is used by his secretary to type messages, new lesson plans, or any other written material that he might need.

Jim is interested in eventually working as a meteorologist, collecting on-the-spot weather information and mathematically calculating atmospheric changes to predict and analyze their effects. Will he be able to do this? I have no doubts whatever. As every counselor knows, motivation is half the battle. Skill constitutes the other half. And Jim has combined both to bring himself up to an unexplored area in work for blind people. I and his former counselors and the people who cared enough to try a new pursuit were well rewarded in our efforts as guides, advisers, facilitators. Isn't that what it's all about?

I feel that Jim Wantz can serve as a prime example of how stereotypes can be broken. Thinking that a blind person cannot enter a certain field because no blind person has ever entered it is irrational. A prime need of persons working with blind people is more creativity and more objective thinking. Combining creativity on the one hand with client motivation on the other can lead to limitless reaches. Literally, the sky's the limit. ■



Charles A. Boswell (right) Alabama State Revenue Commissioner and a blind golf champion, receives Distinguished Service Award from President Nixon. The presentation is made by two other distinguished disabled people, Governor George Wallace and Mr. Harold Russell.

Prevocational Training For The Disabled-Disadvantaged In Rural Areas

O. D. Wadsworth

Prevocational training of the disabled-disadvantaged is a prime challenge in rehabilitation. When the disadvantaged person comes from a minority race the task becomes more formidable. The process becomes baffling when the client is not only disadvantaged and from a minority group but also resides in a rural community where prevocational training facilities are not available. This paper reports a modification of urban prevocational school techniques adapted to the needs of the disabled-disadvantaged client and the resources of a rural community. It also records operations and results of the first year (1971). Information on the 1972 class also is included.

Clients referred by the State Department of Public Welfare for VR services in the South Plains area of Texas had little or no vocational potential because of limited education and cultural background. The clients came mostly from towns with populations of one to two thousand people. (Lubbock, the closest urban city, is about 30 miles away.) In these farming or ranching communities there is little or no opportunity for employment and training. Clients were not prepared or capable of being sent to the urban center for training. Most of them were Mexican-Americans who had come to this section of the State to work on the irrigated farms and, due to physical handicaps or accidents had become unable to do the strenuous labor required in farming. Some of the applicants were women who had been divorced or deserted by their husbands and had drifted to the small communities. Most of the women had several children and were recipients of Aid for Families of Dependent Children.

A prevocational and social adjustment training school was established in a central town (Crosbyton) in the rural territory. Its principal aims were: (1) To acquaint the client with what is going on in the real world through the study of current events, history, and government; (2) to upgrade general scholastic ability through study of reading, writing, and arithmetic; (3) to use group therapy to increase the self-confidence and motivation of clients; and (4) to prepare the client to enter employment or advance to vocational training.

The Facility

Finding a facility proved to be easier than expected. The superintendent of the school system in Crosbyton, the selected town, was approached regarding the need. After consulting with several citizens of the community including the high school counselor, he gave permission to use a classroom on the first floor of the high school. The high

Mr. Wadsworth is a counselor with the Texas Rehabilitation Commission.

school principal's cooperation was sought and gained. Thus, the facility became available at no cost to VR. This is in accord with agency policy to utilize community participation in rehabilitation whenever possible.

The Instructor

The high school counselor and school officials in several communities were enlisted in helping to find a qualified teacher.

After considering several possibilities, the wife of a welfare worker in a nearby community was chosen as the ideal instructor. Her qualifications were perfect: a woman in her early forties and of Mexican descent. She was born and reared in New Mexico and had taught Spanish in a high school for 7 years. She had also taught kindergarten, first grade, and worked for the U.S. Government in the Bracero Program. Here was a person who spoke English with no trace of an accent. She was highly intelligent, educated, and yet able to relate to the most illiterate Mexican or the most sophisticated Anglo. She knew the Mexican culture and had an inherent insight into their problems. Additionally she had a desire to help the Mexican-American improve his lot, yet she would do equally as much for any person. Her invested time and labor certainly exceeded the compensation she received.

Organization of Training

A previously developed curriculum guide was not used in this project since present student needs formed the heart of the curriculum. Of course, all of the conventional methods of teaching were utilized. For example, reading was taught using the phonics method. One of the teacher's relatives was a retired elementary principal, and she was very helpful in giving advice regarding lesson planning.

School staff opened all resources to her as soon as they learned what she was doing. Also, the high school library was available. After regular school hours, the librarian assisted students in writing reports.

Role playing proved to be one of the most powerful teaching aids. The students made speeches and produced plays and interviews of all types. Learning to use the telephone and completing employment applications are examples of other activities undertaken.

Several types of workbooks were used. One of the first was a manual on venereal disease, sex, and sex hygiene. It was appalling how little the students knew on these subjects. The *Texas Driver's License Manual* was studied; several students received their driver's licenses. One woman made a perfect score on the written test.

The students wrote poems and were assigned written reports as homework. They were taught how to use the dictionary and the encyclopedia. They wrote reports on such topics as the American Flag, the Presidents, and Texas history.

The illiterate or near illiterate clients were placed in one group and the more advanced in another. The total number of students was purposely kept small in order that the teacher could give each student individual attention.

English was the only language spoken in the classroom. Anyone who spoke Spanish was promptly fined. The only Anglo student was assigned the role of policeman because he immediately noticed any infraction of the rule. Fines collected were used for a social function—even the teacher made a few "slips" and thereby contributed to the "pot." Occasionally the teacher requested permission to explain something in Spanish.

From time to time guest speakers spoke to the class on special subjects such as Labor Day, Thanksgiving, etc. These sessions proved to be very interesting to the students.

The instructor kept a file of student worksheets for the counselor.

The Clients

The students who attended the school were found eligible for services through regular diagnostic processes provided by physicians, psychologists, and psychiatrists. Each student had a physical or mental disability which hindered his employment. All 16 attending clients were socially and culturally deprived and illiterate or undereducated. Half the clients were male. Disabilities included orthopedic conditions, mental illness, brain damage, diabetes, mental retardation, and hypertension.

Here are a few brief case histories to illustrate the types of people we worked with and the problems that they had:

- Client A was a 50-year-old, married Mexican male who had an orthopedic impairment of both legs from an automobile accident. He could no longer do farm labor and service station work. He was the only client who had a case open on him by a previous counselor. He had been sent to barber school but had not completed training because he could not read and understand the manual. He entered the school with the goal of improving his reading enough to return to barber school and obtain his license. However, he improved his reading and math sufficiently to work as a service station manager where he was not required to do strenuous labor. He stated that he felt more confident in being able to keep records and write checks after having attended the school. He was closed as successfully employed.
- Client C was a 32-year-old widowed Mexican woman whose disability was an orthopedic impairment of the back due to an automobile accident. She had two teenage children from her marriage and a 2-week-old illegitimate son. She was a recipient of an AFDC grant.

Teacher (seated) and part of class look over text.

Her former husband was a sign painter who had taught the client how to paint and letter signs, but she could not read and did not know what she was writing. Her goal was to learn to read and write so she could paint signs on her own. She became involved again with the father of her baby, became pregnant, and was closed as a homemaker living with her common law husband. She made little progress in the school and is not considered a success in the project. She dropped out after 3 months.

• Client E was a 22-year-old, single Anglo male who had suffered severe brain damage in an automobile accident. He had failed in a training situation in the urban center and was placed in the school which was in his home town. He was one of the best students in the project. His brain injury was so severe that he had to relearn many words. He made progress in all subjects, and his coordination and self-confidence improved through increased activity such as running, which the author had encouraged during the counseling process. He is now able to work as a carpenter's helper for his father and feels that if he had not attended the school he would not have advanced to this position.

• Client F was a 25-year-old, Mexican female whose disability was clinically diagnosed as mental retardation. She had three children born out of wedlock and was recipient of an AFDC grant. She was an attractive girl who made dramatic progress in the school. She could only print her name when she made application for vocational rehabilitation services and misspelled it then, but now can read and write at a third-grade level. Her goal was to advance to nurse's aide training. Although she made progress scholastically, she alternated between periods of progress and periods of regression during which she resumed her old life of promiscuity and absenteeism. At the present time, further planning is being done on her case.

• Client N was a 26-year-old single Mexican female whose disability was severe obesity accompanied by hypertension and varicose veins. She occupied the position of a "super baby" in the family. Her father was 80 years old and her mother was 64. She was the star pupil in the school. She was functioning at approximately a third-grade level and by the end of the training period had advanced to eighth-grade level. She is now studying to take the high school equivalency test and plans to enter licensed vocational nursing school.

As the only Anglo in the group, Student E had some apprehension at first but later felt that he was accepted by everyone in the class. The class postponed its Christmas party for a time because he could not attend on the date planned. The class had several social events during the 9-month training period. Many of the students had never participated in such activity, but now the class was made responsible for every planning detail. They made arrangements at a restaurant in a nearby town for a banquet-type meal. They prepared favors and place cards. After the meal, the class went to a community meeting place nearby and had a program which was totally planned by the students. One student was master of ceremonies, and all of the students participated in some manner.

Several times the teacher took a student home with her for the weekend if he needed special tutoring, needed to see cultural and living standard differences, and, above all, needed to have proven to him that an Anglo family can socialize with a Mexican-American.

The students were urged to get involved in community affairs. One student went to a PTA meeting in November and did not miss a meeting the remainder of the school year.

The members of one family learned that they could eat at a modern cafeteria as economically as they could at the dingy Mexican cafes they had formerly frequented.

We noted that husbands often became jealous of their wives' training. They had occupied the dominant position in the family but now felt that the wives' learning experience was a threat to that position.

One client, a hemiplegic who probably felt himself less than a whole man because of his disability,

TABLE 1

Stage of Results	Number	Percentage
Employed or Advanced to vocational training	10	62.5
Undecided or Incomplete	2	12.5
Little Benefit or Unsuccessful	4	25
Total	16	100

TABLE 2

Client	Months in Training	Cost of Training	Other Services	Diagnostics and Evaluation	Total
A	9	$390.00		$153.00	$543.00
B	8	350.00		144.50	494.50
C	3	150.00	$18.50	105.50	273.50
D	5	230.00		15.00	245.00
E	9	390.00		105.00	495.50
F	8	350.00	18.50	90.00	458.50
G	7	310.00	374.40	65.00	749.40
H	2	80.00		15.00	95.00
I	7	310.00	306.00	897.30	1,513.30
J	8	350.00	32.00	141.00	523.00
K	8	350.00	1,032.00	7.50	1,389.50
L	9	390.00		72.00	462.00
M	5	230.00		25.00	255.00
N	7	310.00		15.00	325.00
O	9	390.00		218.00	608.00
P	8	350.00		159.50	509.50
Totals		4,930.00	1,781.40	2,228.30	8,939.70
Averages	7	308.13	110.71	140.50	558.68

was extremely jealous of his wife. He made her quit her job as a nurse's aide because he was afraid that the family would lose its welfare grant and its accompanying medicaid eligibility card. Actually, the family's income would be increased over $100 per month with the wife working, and they would not lose their medicaid eligibility. Much counseling was required to get her back into employment. The client also withdrew himself and his wife from school for a short period because he was allergic to cigarette smoke. The class promptly decided to have no smoking in the classroom, but it was necessary for the counselor to make a personal visit to the client before he would come back to class. The medical prognosis was that he would not live long; so it was doubly important that his wife succeed in becoming employed. These examples illustrate that knowledge of cultural aspects and good communication are absolutely necessary.

The instructor emphasized many times the importance of the clients' children staying in school all year long. The Mexican-Americans often take their children out of school to work in the fields or to go to another part of the country to gather crops. This is an example of the many aspects of the clients' lives that the program was able to influence.

A minister had noticed a dramatic change in two of the women in his flock. He noticed that they were participating in church and community affairs to a much greater extent than ever before. He asked them about it. They told him that their self-confidence and interest had been gained through school attendance.

Results of Prevocational Training

The class met for a period of 9 months, September 1970 through May 1971. Training results are given in Table 1.

The 62.5 percent success rate compares favorably with the same type program in the urban centers. In this program, the client is considered a success if he entered into employment or advanced to vocational training with a favorable prognosis. The clients personal and social adjustments were very evident in changed attitudes, values, and behavior. Clients were very regular in their attendance, and to most of them the school was the most important thing that had ever happened to them. They looked forward eagerly to each session.

One year later a followup study on the clients revealed that 62.5 percent were still successful. In addition, a second class of 19 students, including 15 Mexican-Americans and 4 blacks, had completed the 9 months training in May 1972 and a 75 percent success rate is anticipated. Five of the students had adopted a goal of passing the high school equivalency test and all five were successful. They plan to enter vocational training. Additional classes will be convened each year.

Cost of Training

One of the most encouraging aspects of the training was its rather low cost. The teacher was paid $40

per month for each student. She also received $30 for each student at the beginning of the training for expendable supplies and books. The total cost of the entire rehabilitation process is outlined in Table 2.

The cost per client was kept at a minimum by allowing no transportation expenses except where it was absolutely necessary. If transportation was paid to a client, he was expected to use his car to transport the other clients who lived in his town. No client from Crosbyton received transportation assistance. The students received no compensation for attending.

Conclusions

The significance of this program's success is in sharp contrast to formal adult education classes in the area that had experienced four failures. Public school officials and others were interested in knowing why this school has been successful where the others have failed.

We theorize that one reason may be that vocational rehabilitation has a medical and social history on the client plus a counselor-client relationship that is not available in adult education classes. Consequently, the counselor has more insight into the client's problems and style of life and can assist the teacher when problems arise. Also, the teacher is able to furnish valuable information which she can share with the counselor in order to help the client with his physical and emotional problems. The client himself realizes that there are several persons who really care what happens to him.

Secondly, at least a tentative vocational goal is adopted before a student enters the prevocational class; whereas, the basic adult education student has no such goal nor professional guidance.

Thirdly, there are several generalizations which apply mostly to the teacher that are considered to have contributed much to the success of the training. A teacher in such a situation should observe the following:

- Love and accept the students and place emphasis on their loving and accepting each other.
- Lead the students to look for each other's good points and to assist one another scholastically and in daily living.
- Begin at the student's level.
- Structure teaching content to student life and vocational need. Be pragmatic—do not spend time on theory.
- Let the students express themselves during a discussion period. Permit them to talk about fears and problems as well as success.
- Praise the efforts of students and never embarrass or "put them down."
- Let the students exercise and play games during a break period. Laughter is very important.

The counselor should meet approximately once a week with the teacher to discuss problems. He also should make himself available to the students for counseling, encouragement, and aid.

Although the program described here is of benefit to this type of client, success is contingent upon the choice of a teacher who can relate and identify with the class. A similar class in deep East Texas, for example, would require a teacher who could identify with the black and Anglo populations of that area.

Success is also contingent on counselor involvement. As a time-consuming effort, the counselor should be relieved of a portion of his general case load.

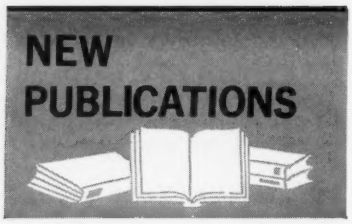
The counselor should warn students against unrealistically high goals. The teacher also should be warned against contributing to this problem through her zeal to inspire the pupils. The counselor should avoid a situation where pupils develop the attitude that he can perform miracles and that there is nothing that he cannot do. The same applies to the teacher. ■

To Be Poor: Now and Then

Although there are many similarities between the problems of the poor and of other disabled people, there are a number of characteristics unique to the poverty situation which should be considered in any rehabilitation process. A little over a generation ago, there was a dignity to being poor. Immigrants to this country accepted poverty as a temporary phase that they or their children could escape through education and hard work. Around them they could see examples of success, and the prosperity of those who had "made it" was referred to frequently. At the same time, there were many job opportunities in which hard work was more important than skills or education.

Today in Appalachia and the inner city, hard work rarely substitutes for skill and education, and opportunities for moving up are not easy to find. To be poor today is a position of humiliation, degradation, and alienation from society. Beyond this, there is a relation between poverty and skin color, which adds a further obstacle to escaping poverty for those who are black or Mexican American.

Dependency And the Poor
University of Arizona



Guidelines for Effective Participation of Deaf Persons in Professional Meetings. Glenn T. Lloyd, Ed.D., editor. Office of Deafness and Communicative Disorders, RSA, Room 3414, 330 C St., S.W., Washington, D.C. 20201. 115 pages.

Incorporated into this new monograph are recommendations submitted by a national workshop on improving deaf participation in professional meetings. The working-conference was sponsored by the Department of Special Education and Rehabilitation of the University of Tennessee, and it was supported in part by RSA. Workshop contributors and consultants included sound engineers, visual media experts, agency administrators, interpreters, and deaf consumers.

The report guidelines demonstrate the maximum extent to which deaf professionals and lay persons can participate in meetings through the use of interpreters, through group dynamics, and through appropriate settings which provide adequate public address systems for deaf speakers.

Personality Development and Social Behavior in the Mentally Retarded. Manny Sternlicht, Martin R. Deutsch. Lexington Books, D.C. Heath and Company, 125 Spring St., Lexington, Mass. 02173. 192 pages. $11.50.

A complete examination of all phases of the personality development of the mental retardate is presented in this wide-ranging experimental and clinical investigation. The book deals exclusively and comprehensively with this specific area of concern in the field of mental retardation. The result of years of educational, social, vocational, medical, and behavioral study, the findings are presented with a mixture of "understanding and appreciation of the mental retardate not as an odd or idosyncratic entity, but rather as a human being with certain deficiencies and limitations which create special problems of emotional and social adjustment."

The publication considers the personality of the mentally retarded from two different angles—the theoretical and the applied. The "theoretical" sections of the book discuss questions of personality dynamics, environmental influences on personality, self-concept, and general and deviant personality traits. The chapters illustrating the "applied" considerations of the social behavior of the retarded reveal varied aspects of social living, social problems, leisure-time pursuits, and classroom and vocational adjustments.

Mental Retardation—the Law—Guardianship. Barry B. Swodion, L.L.M. National Institute on Mental Retardation, York University, 4700 Keele St., Downsview (Toronto), Ontario, Canada. 233 pages. $5.50.

The Canadian National Institute on Mental Retardation has sponsored a 3-year project examining the legal and social aspects of guardianship for the mentally retarded. In addition, the comprehensive study as presented in this publication, proposes a "master plan" for integrating the mentally retarded person into community life.

The book is designed to provide the necessary information and guidelines, by way of example, for parents, legal and social counselors, agencies and governments to develop new or to adapt existing laws, services, and practices to accommodate the needs of the mentally handicapped without deprivation of legitimate opportunities and human rights accorded other members of society.

Various deficiencies in the legal, economic, and social systems, as they relate to the mentally retarded, are also presented in this reference guide and manual. The publication includes several proposals and recommendations dealing with a variety of conflicting issues which affect the mentally handicapped and the people who are directly or indirectly associated with them. The problems dealt with include: living and working arrangements, marriage and personal relationships, laws and legal loopholes, property management, and guardianship protection.

A World To Care For. Howard A. Rusk, M. D. Random House, 201 East Fiftieth St., New York, N.Y. 10022. 308 pages. $7.95.

In medical terms one might say that there are three tissue layers that make up the body of this book. They are the epithelial, that is, that group of handicapped persons that covers the earth, and underneath them the muscular tissue of a crusade called "rehabilitation" that had at its core the hope of bringing surcease to the ills of man. Finally, there is a connective tissue in the form of workers for the handicapped, who brought a new concept to the halt and lame of the world: with help they can function in the mainstream of life. Dr. Rusk belongs to the early crusaders for rehabilitation and for disabled people. This is his autobiography.

The Mentally Retarded Child And His Motor Behavior. Thais R. Beter, Ed. D. and Wesley E. Cragin, Ph. D. Charles C Thomas, 301–327 East Lawrence Ave., Springfield, Ill. 62703. 193 pages. $9.75.

Movement experiences designed to develop factors of physiological efficiency and complex motor performance as well as perceptual-motor efficiency are discussed in detail in this book. Social patterns of behavior and leisure-time activities are dealt with. The book should be of value to special educators, movement educators, recreation educators, and others who deal with exceptional children.

An Open Letter

John D. Twiname

Following is a letter from the former Administrator, Social and Rehabilitation Service in which he assesses the stature of vocational rehabilitation as a stalwart of the past and a vision for the future.

As I leave the position of Administrator of the Social and Rehabilitation Service after 3 years, I want to reflect a moment on the substantial progress we have made together in a number of fields. We have increased the service capacity of the program; we have made progress in new program initiatives; we have improved State-Federal working relationships; we have found new roles for vocational rehabilitation; and we have made progress in the area of developmental disabilities.

I can recall former Secretary Richardson noting that when he was Assistant Secretary of HEW under President Eisenhower the Department took pride in a new record of 80,000 rehabilitations in one year. Yet, this past year, the number of persons rehabilitated exceeded 325,000 for the first time—more than four times the number attained in the Eisenhower Administration. The caseload today is above the 1 million mark and should reach 2 million by 1975.

The vocational rehabilitation program was responsible for much of the success the Social and Rehabilitation Service accomplished in its first 5 years of existence. I foresee an even greater role for rehabilitation in the years ahead. We are on the brink of an exciting new era of providing services for people in need of assistance and reducing dependency among the people we serve.

There is no question that the need for vocational rehabilitation services continues to grow. We know there are some 5 to 10 million eligible disabled persons in the country. The 1970 census for the first time counted these handicapped persons on a sizable sample basis, and this promises to give us more information than we have ever had about them.

We are looking for new ways to inject rehabilitation techniques into a broader range of governmental operations. Our program for the 1970's is designed to provide new hope for many people not now reached by VR techniques. Our aim is to employ methods that have proved successful in rehabilitation—particularly its strong emphasis on consumer and local governmental involvement in planning and operations—to reach people in need of other SRS services.

We think, for example, that social services can really be a partner of the rehabilitation system and work in conjunction with other parts of the human service system. One next step is to focus on real goals for services. We have looked at the needs of all of the populations we serve—youth, children, babies, the aged, persons with all kinds of handicaps, including sex, race, physical, mental or other handicaps—which keep people from being as self-sufficient as they could be.

Because of the nature of the current legislation, vocational rehabilitation has not been able to get to some of these target groups, even though a basic concern for them exists despite their unemployability. We have been thinking of how we can help people who don't normally have access to services or can't on their own find access to services they need to get them away from dependency. These are the people whom SRS is also interested in reaching. With social services better linked with rehabilitation in the new, evolving service arrangements, we can begin to think about a program structure that moves more people toward greater independence. It should be possible to make available VR expertise to the aged and to children who have disabilities that the VR program now works with predominantly among middle-aged people. What we have been moving toward is the better mobilization of available expertise—meshing the resources of social services, Medicaid, health services, manpower services, and vocational rehabilitation—to get to a wider population group. With rehabilitation increasingly serving the severely disabled, social services should be serving those who have other handicaps that don't need the particularly specialized services offered by the rehabilitation agencies.

(*Continued on page 22*)

"The Play's T

Rehab Cen

The world has become his stage instead of his nightmare.

THOMAS C.

Cover Photo (seated, facing) Dr. Charles Nolte (left) and Bob Therien (right) in a scene from Nolte's "Alexander's Death." Photos on this page depict Therien in various scenes in "The Time of Your Life" (above), "A Streetcar Named Desire" (below), and "Judgment Day" (at right).

"We've had great naturalistic, realistic playwrights like Ibsen and Strindberg, and now we've got another one in Bob Therien." That is a pretty high compliment, considering that the speaker is Dr. Charles Nolte, actor, professor, and resident playwright at the University of Minnesota.

Bob Therien is a client of the Minnesota DVR. Charles Nolte, who wrote the off-Broadway play, *Do Not Pass Go,* and several other plays that have been produced both here and abroad, is the one who first told Therien he talked like a writer.

Mr. Gahm is Information Officer, Minnesota Division of Vocational Rehabilitation.

s The Thing"

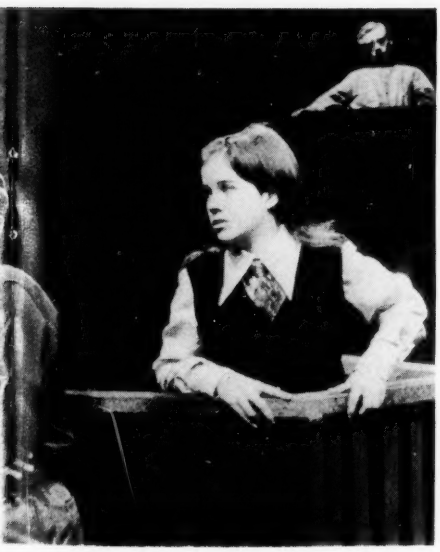
enter Stage

Being a natural is something you have to work at.

S C. GAHM

In fact, Nolte has acted in one of Therien's plays, and Therien has acted in several of Nolte's.

Therien had worked for some 20 companies before coming to DVR. He had been a two-time Golden Gloves boxing champion, one of the youngest men ever to become an executive of Sears Roebuck Company, an Air Force pilot, a private investigator, an administrator and supervisor for several large companies. He had also been a 111-pound, emotionally devastated person with, according to his doctor, only a month to live if he didn't mend his ways. The trouble stemmed from his hatred of his business life and his deep-seated but frustrated desire to become an actor. Yet he was afraid to tell anyone of his dissatisfactions, so he began destroying himself instead.



"When the doctor told me I was going to die I thought that it couldn't be. I hadn't even lived yet!" Therien said. "Even with every job promotion I got I wasn't satisfied. It wasn't what I wanted. I ate, slept, breathed, and drank theater since I was in the sixth grade."

Therien's dissatisfaction with his life led him to a dependency on alcohol. He lost his jobs, his home, and his family. Bill collectors hounded him.

He finally went to the mental health clinic of Hennepin County General Hospital in Minneapolis with severe emotional disorders. He said he had become isolated, afraid to go outside for weeks at a time. "I'd cross the room and wonder why I'd done it. I didn't know where I was going or what I was doing."

Hospital staff referred him to DVR, and when he came to the Minneapolis Regional Office he had been out of work for 4 years. He had reapplied for jobs with three of his previous employers, but his dependency and hospitalization for emotional problems closed the doors for him.

With DVR help, Therien finally got into theater. Since 1967 when his counselor authorized his college training with a major in theater arts, Therien has become the first person ever to receive a Bachelor of Fine Arts degree in playwriting from the University of Minnesota. He graduated last spring summa cum laude with a 3.9 grade point average.

While an undergraduate, Therien, who had never attended college before, wrote 14 plays and acted in 45. He wrote 75 short stories and acted in two television dramas, playing the lead, Willie Loman, in Arthur Miller's *Death of a Salesman*. He also regained custody of his three children.

One of his plays has been produced locally. Called *On the Bum*, it is about the world of bums, derelicts, booze and skid rows that Therien lived in for several years. Dr. Nolte acted in it and joined Therien in directing it.

"You couldn't pay me to go back to business now," says Therien. "Looking back at working for those companies is like looking back at a nightmare."

Therien says that much of his success in theater at the University is due to the support he has received from DVR counselors. "I couldn't have done it alone," he said. "DVR has been with me, shoulder to shoulder. When Jan Carlson [his former counselor] told me that I had found my niche and that she had faith in me, I knew I could make it. I had to hear that."

In *What Vocational Rehabilitation Has Done For Me,* a play writ-

ten for presentation to the Minnesota Board of Education, Therien said he hoped that other middle-aged and older people who sustain handicaps or emotional problems as he did after their life styles and vocations appear to have been established would have similar help available to them. "If a person wants to be an artist after being a businessman for years, people shouldn't hesitate to help him like they have helped me," he said.

Therien talks excitedly about the plays he has acted in and the variety of characters he has played. He was especially elated about having acted in Tennessee Williams', *A Streetcar Named Desire*, since Mr. Willams attended the final performance.

He said he was flattered to learn in talking to Williams, that the famous author's playwriting techniques are similar to his own. Therien says that like Williams, thoughts often come to him "all at once," and sometimes he doesn't stop writing until the entire play is finished. "I go, go, go until it's done," he said. "The thoughts roll over each other, and I have to write them down."

Of the approximately 45 plays that Therien has acted in, about 25 have been presented commercially, and the rest have been workshops to be critiqued by professors and actors.

Major productions in which he has appeared have included: Tennessee Williams' *Camino Real,* in which he played the loanshark; *A Night At The Black Pig* and *Alexander's Death,* both by Nolte, and a television production called *The Assassins,* which was taken from Harold Pinter's *The Dumb Waiter.*

Therien has been accepted by the University of Minnesota to work toward a Master of Fine Arts degree. DVR has agreed to begin financing his Master's program because of his interest and his superb performance so far in school.

His present counselor said that the improved job potential and the greater exposure to professional actors and directors he will receive are good reasons for his continuing into a Master's program. The counselor also said that continued training is necessary for assuring that Therien reaches his maximum employment potential as a playwright and as an actor.

Looking past his work at the University, Therian sees himself continuing to balance his writing and acting. He said he hesitated to go into writing at first because he was afraid it would be a sideline to acting. He is glad he decided to try writing, though, because "it's a great feeling of fulfillment to see a character you have created come alive on the stage."

He has had enough experiences to fill the lifetimes of several people, but seeing the world as an artist has finally put some beauty and vitality into what he sees. The world has become his stage instead of his nightmare.

He says critics are beginning to call him a natural on stage. The irony, he points out, is that being a natural is "something you have to work at." He worked at business for 25 years and never became a natural, but he is already a natural on stage, and all he is doing is being himself.

An Open Letter

(*Continued from page 19*)

We will find creative new patterns of delivering services. I am impressed by the work that has been done through legal advocacy for the retarded in the educational system. This has won them the right to public education. This means that special separate facilities may not be needed, and we won't have to use social service funds when education funds ought to be invested on behalf of handicapped or retarded children. To see deaf children in our public schools accepted and integrated with other children is a step forward. To find opportunities to bring in computer hardware or microfilm readers for homebound persons with mobility handicaps and let those persons operate from their own homes also is inspiring. Even 10 years ago, we couldn't conceive of these potential employment roles for people who could not leave their own bedrooms.

The vocational rehabilitation program, perhaps more than any other, has shown the way in which federal and State resources can be combined effectively with voluntary and local efforts to meet important human needs. In the years ahead, I am confident that many additional ways to apply rehabilitation techniques to other areas of service provided by SRS will be found. Rehabilitation will begin to be seen as a specialist for serving handicapped persons not only for vocational placement but for self-maintenance. In that role, the rehabilitation network should draw money and resources from other sources other than the Vocational Rehabilitation Act alone.

I see big challenges to rehabilitation in the future as a cornerstone of a more integrated human services system. It is a challenge the rehabilitation movement can understand because it has long played an important role in developing integrated services to break down attitudinal, physical, and educational barriers to help disabled persons get equal access to all aspects of American life. With its "can do" spirit, moving from an unequaled record of positive accomplishment, the rehabilitation movement can radiate a larger measure of hope to disabled people, not only in America, but beyond our borders. For, as I've come to experience it, the rehabilitation spirit knows no boundaries.

Dualism In Medicine

We tend to take traditions for granted, as if they were unalterable and absolute, the final distillation of past human wisdom. Traditions are not all bad; but some are encrustations which, if not scraped off, may prove dangerous or at least retardative. One of these traditions is dualism in medicine which restores the body but loses the man.

Three hundred years ago modern scientific thought first evolved in astronomy and mathematics, picturing in beautiful orderliness a mechanical model for man to imitate: the sun, central to the known planets, subject to the "Laws" of mass and motion. Science, beginning with the study of mechanics of heavenly bodies, gradually embraced all other natural phenomena of nonliving matter. Even scientific medicine was first concerned less with biology of life, for the early history of precise anatomy depicts its trails and victories in dissection of cadavers. It is only recently that the study of life in its subjective aspects has become the object of scientific pursuit.

Thus a mechanistic tradition has grown up which imposed its peculiar view on man's secular life these past three centuries. The study of the basic sciences underpinning medicine followed along these lines and determined the course of clinical medicine: exact measurements of the internal chemical constituents and physiologic activities. The mechanical world picture was transferred to the human organism in terms of structure and man's subjective life expressed in emotional, social, and cultural relations. In other words, medicine's orientation almost wholly to the physical, in education and practice, leaves man an entity organically unrelated to his external environment; he is merely a beautiful mechanism, a clock. If, because of disease, it cannot be repaired to its pristine functional state, set it aside.

Consequently the whole man was separated from the therapeutic process. Only measurable quantities and organs represent the objects of concern. Thus hospital staffs refer to patients in abstractions: "Did you see the appendix admitted last night?"; or "I did three gall bladders last week." So do physical "objective" things, mere abstractions of "scientific analysis," subordinate thinking Man who is alone responsible for these abstractions

These admittedly are strong statements in order to make the valid point that the whole man is treated as the sum of his parts. They are not intended to disparage, for science and medicine have wrought a host of benefits in understanding and treating disease.

The mechanistic view also has its shortcomings. It imposes a false dualism upon man: his physical and measurable components can be dealt with scientifically, while his subjective life, being unquantifiable, is neglected. From the relatively recent disciplines of psychiatry, psychology, and sociology we know that deviation from health is as much a matter of subjective processes as of physical phenomena. More, they are so interlocked that dealing with one or the other alone is an abstraction from reality, which if persisted in, copes with only part of the problem. Disease may be psychosomatic or somatopsychic: in the end both need attention. A person is an entity, inseparable and multidimensional.

This dualism is strikingly obvious not only in concepts of disease but also in therapeutics. Treatment of disease is arbitrarily divided into physical, concrete agents—that is pharmacology, chemotherapy, physical therapy, surgery—and other paramedical or extramedical ministrations. Dealing with total restorative care or rehabilitation, alien to the traditional approach of physical science, is regarded as coming after medical treatment: in short something to be tacked on as an afterthought, because aberration of health is nothing more or less than a physical phenomenon. This is the path a physician takes by training and practice. This is the direction also taken by financing agencies resulting in detriment to patient care and abrogation of social responsibility.

We see no such dualism. The "objective" or quantifiable, and the subjective life of a patient are one; to deal accordingly requires a change of the attitudes of practitioners. Therefore, rehabilitation in its physical, psychological, social, and vocational concerns is part of medicine and must be integrated into total restorative medical care.

The above forms chapter one of research and demonstration final report 55179. The project title is, *A Comprehensive Stroke Rehabilitation Program In Selected General Hospitals.* The purpose of the project was to organize hospital and community resources to deliver rehabilitation services to the patient with completed stroke. Edward E. Gordon, M.D., was principal investigator and Raymond L. Kahn was project administrator.

In some instances recent project reports can be obtained from the grantee (addresses given below). When the report is not available from the grantee, it may be purchased from the National Technical Information Service, Springfield, Virginia 22151. Remittances should accompany orders; prices are $3 for hard cover and $.95 for microfiche copies.

OCCUPATIONAL REINFORCER PATTERNS (VOL. II, NO. XXIX). (RD 55192) The University of Minnesota, Minneapolis, Minn. 55455. 313 pages.

NEUROMOTOR CONTROL SYSTEMS—A STUDY OF PHYSIOLOGICAL AND THEORETICAL CONCEPTS LEADING TO THERAPEUTIC APPLICATION. (RD 55115) Moss Rehabilitation Hospital, 12th St. and Tabor Rd., Philadelphia, Pa. 19141. 134 pages.

LANGUAGE DEVELOPMENT IN DEAF AND HEARING ADOLESCENTS. (RD 55004) Clarke School for the Deaf, Round Hill Rd., Northampton, Mass. 10161. 53 pages.

THE CLEVELAND REHABILITATION COMPLEX—A STUDY OF INTERAGENCY COORDINATION. (RD 2594) Vocational Guidance & Rehabilitation Services, 2239 East 55th St., Cleveland, Ohio 44103. 76 pages.

VOCATIONAL REHABILITATION FOR DISABLED PUBLIC ASSISTANCE CLIENTS: A FOLLOWUP STUDY OF FOUR PROJECTS. (RD 1323) Institute for Social Research, Florida State University, Bellamy Building, Tallahassee, Fla. 32306. 87 pages.

STUDY OF LYMPHEDEMA IN THE CANCER PATIENT. (RD 2235) University of Texas, M.D. Anderson Hospital and Tumor Institute, 6723 Bertner Ave., Houston, Tex. 77025. 71 pages.

DEVELOPMENT OF A REMOVABLE PROSTHETIC LARYNX. (RD 2681) New York Medical College, Flower and Fifth Ave. Hospitals, 5th Ave. and E. 105th St., New York, N.Y. 10029. 9 pages.

THE DEVELOPMENT OF FUNCTIONAL METHODS OF TREATMENT OF TIBIAL, FEMORAL AND FOREARM FRACTURES. (RD 2918) University of Miami, School of Medicine, Department of Orthopaedics and Rehabilitation, Miami, Fla. 33124. 19 pages.

MULTI-HANDICAPPED BLIND PERSONS CAN WORK. (RD 55047) National Industries for the Blind, 50 West 44th St., New York, N.Y. 10036. 75 pages.

THE COORDINATION OF SERVICES FOR THE MENTALLY RETARDED: A COMPARISON OF FIVE COMMUNITY EFFORTS. (RD 55213) University of Wisconsin, Department of Sociology, Madison, Wis. 53706. 141 pages.

THE DEVELOPMENT AND APPLICATION OF INTELLIGENCE TESTS FOR THE BLIND: A RESEARCH UTILIZATION CONFERENCE. (RD 55152) University of Georgia, Division for Exceptional Children, Athens, Ga. 30601. 49 pages.

ELECTRICAL STIMULATION OF AFFERENT FIBERS AS A MEANS OF REDUCING SPASTICITY. (RD 2436) University of California, Biomechanics Laboratory, 3rd and Parnassus, San Francisco, Calif., 94122. 30 pages.

MEASUREMENT OF SOCIAL INCOMPETENCY IN ADOLESCENTS, 97 pages AND SUPPLEMENT, 38 pages. (RD 55298) University of Oregon, Eugene, Oreg. 97403.

PREVENTIVE VOCATIONAL REHABILITATION (RD 55228) Medical Center Research and Developmental Office, University of Oklahoma Foundation, 800 N.E. 13th St., Oklahoma City, Okla. 73104. 44 pages.

A RESEARCH PROGRAM FOR A VOCATIONAL REHABILITATION AGENCY. (RD 55246) Jewish Employment and Vocational Service, 1727 Locust St., St. Louis, Mo. 63103. 58 pages.

WESTERN REGIONAL CENTER FOR MAXILLO-FACIAL PROSTHETICS. (RD 55264) University of California, Third & Parnassus Ave., San Francisco, Calif. 94122. 33 pages.

THE DEVELOPMENT OF REASONING, MORAL JUDGMENT, AND MORAL CONDUCT IN RETARDATES AND NORMALS—PHASE II (RD 55121) Temple University, Broad & Montgomery Sts., Philadelphia, Pa. 19122. 115 pages.

REHABILITATING MILITARY DEPENDENTS. (RD 55162) South Carolina Vocational Rehabilitation Department, 400 Wade Hampton Office Building, Columbia, S.C. 29201. 71 pages.

THE SELF CONCEPT AND BEHAVIOR: OVERVIEW AND SUPPLEMENT. 58 pages. CORRELATES OF THE SELF CONCEPT (RD 55163) 92 pages. The Dade Wallace Center, 2410 White Ave., Nashville, Tenn. 37204.

EMERGENCY CONCENTRATED SERVICES IN A RURAL AREA. (RD 55169) Division of Vocational Rehabilitation, Mississippi State Department of Education, P.O. Box 1698, Jackson, Miss. 39205. 118 pages.

VOCATIONAL REHABILITATION SERVICES IN COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTERS—PARTNERSHIPS IN INDUSTRIAL THERAPY. (RD 2055) Altro Health and Rehabilitation Services, Inc., 225 Park Ave. South, New York, N.Y. 10003. 46 pages.

Minnesota's Consumer Advisory Project

Jim Drake

If tone of voice were the only indicator, an interpreter would give a value judgment: ANGRY. But when the interpreter weighs the meanings behind the tones, he must give the judgment: Concern. This latter perhaps marks more precisely the dramatic development sweeping rehabilitation today. Virtually everywhere in the rehabilitation world, there is a growing call for "consumer involvement."

Minnesota is responding with a major effort.

Counselors and administrators of the State Education Department's Division of Vocational Rehabilitation (DVR) and clients of that agency have joined in launching an ongoing, mutual review of the sensitivity and effectiveness of the rehabilitation program in Minnesota. What they find and what they do about it may have implications for the entire field of rehabilitation.

They are looking at services capability, and they are looking at where and how this needs to be improved.

They also are looking at interpersonal relationships—whether the level of understanding and rapport between agency staff and clients is what it should be. If they find that it is not what it should be, they will ask the question: "Why not?"

The Rehabilitation Consumer Advisory Project, as it is formally called, began last October 10, when some 240 people—half of them DVR staff and the other half present or former clients of the agency—met at the Radisson South Hotel in Bloomington, Minnesota, to begin a "dialogue for the improvement of VR services."

As far as is known, the meeting was the first of its kind in a State, at least on this scale. (A National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged was held in Washington, D.C., in late 1969. See *Rehabilitation Record,* September–October 1969.)

The initial conference will be followed in the months immediately ahead by seven regional meetings, to be held in principal cities throughout the State. Again, DVR staff and clients will sit down for a frank and open exchange of views. The regional meetings will make it possible for an additional 300 handicapped persons to provide input to the practitioner-consumer dialogue.

Both the October leadoff conference and the follow-on regional meetings are being sponsored by a grant from the Social and Rehabilitation Service. The Rehabilitation Counseling Training Program at

Counselors and clients discuss mutual affairs.

Mr. Drake is an information officer for the Minnesota Division of Vocational Rehabilitation.

Mankato State College is administering the grant, working with DVR staff and a steering committee of handicapped persons in arranging for the meetings.

The project, however, will not be discontinued upon expiration of the grant, since DVR plans to keep it as an ongoing activity of the agency.

The goal of the project is to point the way toward a more responsive and effective rehabilitation program. Getting the client's view is essential to this, and clients are being directly asked to put aside any feelings of inhibition, if they have any, and be candidly critical. However, they also are being asked to help in the rectifying of any of the problems that they may identify.

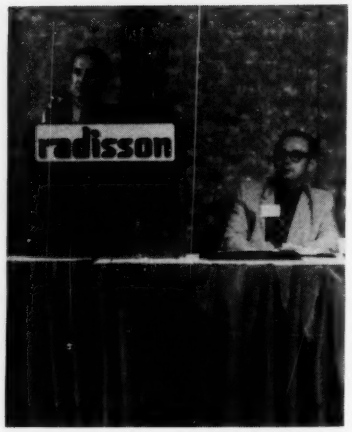
August Gehrke, director of the DVR, set the theme when he told the client group at the October leadoff conference: "We want you to rock the boat, but will you also help row it?"

The clients obliged by doing some of both.

On the "rocking" side, they expressed concerns in a number of areas:

A Lack Of Warmth. Many clients said their rehabilitation experience had been too cold and impersonal, with counselors not showing sufficient concern for their personal situation as opposed to vocational problems. Related and contributing to this view was a feeling that there were too few counselor-client contacts, both during rehabilitation and on a followup basis after job placement.

Too General Caseloads. The clients believe general caseloads are too broad and really unfeasible for success. They feel the disabilities encompassed in a general caseload are very different from one another, causing very different problems, and that a general caseload counselor can't possibly serve all in his caseload adequately because he couldn't possibly have the encyclopedic range of knowledge required.



George Conn, Director, Office of Public Information, RSA, addresses the Minnesota State staff-consumer meeting.

Job Goals Not High Enough. The group also felt that the rehabilitation program does not always encourage high enough job goals for its clients. In this connection, there is a frank skepticism of the ability of vocational tests to accurately determine vocational potential. There also is a feeling that job placements are not always as good as they should be, with clients being placed in jobs which are readily available in the labor market, but beneath their maximum vocational potential.

Demeaning Employment Conditions. There are major concerns about employment conditions. This is particularly true with respect to sheltered employment, where the client group finds wages paid sheltered employees to be demeaningly low. They want those wages to be substantially raised, irrespective of any productivity factor. There also is concern about conditions in the general labor market, including a flatout questioning of the sincerity of some firms which say "We Hire The Handicapped" or "We Are An Equal Opportunity Employer," etc. Some of the clients have not had difficulty with employers, but others have had trouble even getting firms to interview them, including firms advertising themselves as nondiscriminatory in employment.

While the client group "rocked" as outlined above, they also gave impressive evidence of a willingness to "help row."

They made it clear, despite the criticisms leveled, that they believe the rehabilitation program to be basically sound and good, and, in fact, called upon the DVR to publicize its services more widely so that more handicapped people might become aware of them.

There was overwhelming support for the DVR to "get more counselor and counselor-aide staff" since the group feels many of the existing problems are directly related to a lack of sufficient staff in the agency.

The group wants a vastly stepped-up public information campaign about the rehabilitation program and its support needs, so that resources can be obtained to hire more rehabilitation staff, subsidize increased wages for sheltered workers, etc. *They want to themselves participate in such a campaign* by helping in lobbying in the Legislature and the Congress and helping in devising and carrying out informational programs for the general public.

It is already clear in the advisory project—and undoubtedly will become even more so as it moves along—that the client is no longer passive, if ever he was. He is not passive about saying what he thinks is wrong, but he also is not passive about wanting to "get into the act" to improve things.

The Minnesota DVR sees this as an extremely important and hopeful development, and one that far

overbalances getting a bruise or two to the professional ego in the course of "being advised." There are some "shocks to professionals" in a project of this kind—most particularly in discovering that interpersonal relationships with clients may not have been as good as believed to be.

But mostly it's encouraging, not shocking. Most of the concerns being voiced by clients are concerns DVR staff have themselves and have had for a long time. They don't see an opposing force; they see a prospective ally.

George Conn, director of public information for the Rehabilitation Services Administration, was a featured speaker at the October lead-off conference.

An earlier speaker had noted the current tax-conscious, hold-the-spending-line climate in the country. He had suggested that legislatures were likely to take a dim view of increased budget requests.

Conn commented that be this as it may, "It is important to remember that for every federal dollar spent in the rehabilitation program, $4 are returned to the federal treasury by disabled people who are employed. For this reason, requests for additional dollars for rehabilitation have traditionally proven to pay dividends through payment of taxes and purchases of consumer items by handicapped persons."

It will take more money for the handicapped if the Minnesota DVR and other State rehabilitation agencies are to improve their services to meet client desires. Those funds will have to be sought in what undoubtedly is a "tight money" time. But they must be sought, nevertheless.

If nothing else, this conference has suggested that client and professional goals are attainable, real, and practical. What has been underlined is the principle that attaining the goals will require a coalition of client and professional in a unified, common effort. ■

Building A Network Of Services

The following appears in the introductory statement of the final report of research and demonstration grant 2056, conducted by The Welfare Federation of Cleveland and entitled, "Greater Cleveland Mental Retardation Development Project."

"No Man is an island" . . . No organization is separate unto itself. . . .

Vocational rehabilitation services illustrate this point. They are part of and dependent on the total network of arrangements by means of which the residents in a community solve their personal problems. For example, the public schools help families educate their children and prepare them for adult life; parks and recreation areas are the setting for family outings, physical activity, and nature study; hospitals and clinics tend to the health and disability problems in the population; apprenticeship programs equip young peole for future emloyment; and banks offer services which help families solve a wide variety of problems, including financial protection and guardianship for dependent family members. It is essential, therefore, to view vocational rehabilitation services as part of the total community network of services by means of which people strive to achieve the good life for themselves and their children.

While it is true that under imaginative and able leadership, vocational rehabilitation programs can rise above the general level of performance within this network of programs, rehabilitation efforts are bound to be affected adversely by whatever gaps or incompetences exist elsewhere in the community service network. People in small communities understand this fact when they have to drive long distances several times a week for therapy appointments: e.g. speech therapy, lip-reading instruction, physical therapy. City residents understand it when they discover that the mother in the family is hampered in seeking a much needed job because there is little or no provision for the day-time care of preschool children in the community.

Neither the vocational rehabilitation programs nor any other service field can compensate completely for the gaps and inadequacies in other parts of the service system. Therefore, attention must be given to correcting deficiencies in these closely related areas as well as to ways of improving the vocational rehabilitation programs themselves in order to achieve the best possible results in preparing disabled and handicapped individuals for employment.

The Hopeless. 16 mm. Color. 24 min. Monroe-Williams Productions, 8830 S.W. 68th Court, Miami, Fla. 33156.

Retarded students are portrayed in varied productive activities, giving the lie to the misconception of the limited productivity of mentally retarded persons. The film was produced by Monroe-Williams in cooperation with the Sunland Training Center, Miami, Florida.

A Demonstration of Behavioral Processes. 16 mm. Color. 28 min. Appleton-Century-Crofts Film Library, 267 West 25th St., New York, N.Y. 10001. Sale $350. Rental $30 first day, $15 thereafter.

College students hear B. F. Skinner explain operant conditioning. Behavior modification, extinction, and superstitious behavior are shown.

Range of Motion Therapy. 16 mm. Color. 26 min. Markwin, Inc., 325 East 77th St., New York, N.Y. 10021. Sale $265. Inquire for rentals.

The first half of the film discusses and shows why the performance of range of motion exercises will prevent contractures and bed sores and maintain joint intregrity and mobility, thus increasing the likelihood of a functional recovery.

The second half demonstrates that, with proper instruction on method and precautions, the technique can be performed by anyone. The demonstrations, using both patients and actors, include all joints from fingertip to toetip.

The film, with its illustrated 8-page booklet, can be used in departments of nursing and physical therapy for training personnel and as an adjunct in family education.

The Surest Test. 10 min. Sound. Regional Medical Program, 530 U District Bldg., Seattle, Wash. 98105.

The film concerns itself with barrier-free design.

The title comes from the words of historian William H. Prescott: "The surest test of civilization . . . is to be found in its architecture."

Islands of Understanding. 16 mm. Color. 31 min. National Audio Visual Center, Suitland, Maryland.

Featured in this documentary film are several international research projects which are funded through SRS by the United States under the PL–480 program. The film presents Yugoslavian, Indian, and Israeli rehabilitation centers who are carrying out research programs in a variety of areas including: juvenile diabetes, alcoholism, mental rehabilitation, prosthetic and orthotic research, and rehabilitation projects which serve emotionally disturbed college students. The film also clearly demonstrates the productive understanding and sympathy which are promoted by these worldwide rehabilitation efforts. The film had its first international showing at the 12th World Rehabilitation Congress in Sydney, Australia, in August 1972.

Just For the Fun of It. Color. 19 min. Order code 1269. Aims Instructional Media Services, Inc., P.O. Box 1010, Hollywood, Calif. 90028.

A group of children, aged 5 to 21 years, are seen wholly engaged in a variety of simple physical education activities. The film is not, however, an ordinary demonstration of a fitness program for school children. The students are trainable mentally retarded pupils attending a special school in Orange, California, and, "unlike many physical education programs in which the activities are ends in themselves, most of those shown in this film have a developmental and functional rationale."

The exercises performed by the children, whose physical capability spans range from those of a two-year-old on up to those of a twelve-year-old, include a mixture of walking, climbing, crawling, and balancing activities. These skills are designed to increase the students' body awareness and endurance, to strengthen their ability to cope with common environmental hazards, and to develop broadened social interaction.

The film presents a look at the practical, immediate, and long range uses and values of such a physical education program—a program which employs the special skills of trained instructors combined with those of adaptive physical education teachers.

No Barrier. 16 mm. Color. 14 min. President's Committee on Employment of the Handicapped, Washington, D.C. 20210. Free loan basis.

Harry Huff can neither speak nor hear in the normal sense. His world, however, is one full of great exuberance and vitality; his is a life complete with rewards and satisfaction. This short film leads the viewer on a personal tour of Harry's world, revealing not only the man's strong individuality, but also demonstrating the extent to which a handicapped person can make his own living and find a place for himself in today's world.

Bus Travel. 16 mm. Color. 13 min. Alameda County School Department, 224 West Winton Ave., Hayward Calif., 94544. Sale $120.

Before a blind person can use any form of public transportation, he must learn certain specific skills which will allow him a freedom of movement peculiar to this kind of mobility. He must also learn to rely on himself and to have faith in his own independence. The development of these orientation-mobility skills is clearly shown in this factual, straightforward film—a film whose

properties as useful teacher-training material are demonstrated in the various sequences of blind children learning basic concepts and adjusting to the buses themselves.

The film's content and presentation should interest any persons who are associated with the blind including: resources instructors, classroom teachers, school administrators, parents, and the general public itself.

Community in Quest. Color. 30 min. National Audiovisual Center, General Services Administration, Washington, D.C. 20409. Sale, $79.25. Rental, $12.50.

The conflict which arises between a California city-council and a community therapeutic center for drug users and nonusers (young and old) is demonstrated in this documentary-style film. The film presents alternating scenes between the rather unorthodox group therapy sessions and the city councilmen's drawn-out deliberations. The last scene discloses the council's final decision to evict the therapeutic center. The practices, the community fears and attitudes expressed in this film could easily stimulate responses and discussions in various groups related to drugs or to such therapy treatment.

Sheltered Workshops. Black and white. 26 min. Australian News and Information Bureau, 636 Fifth Ave., New York, N.Y. Purchase, $250. Rental, $7.50.

This documentary shows clients engaged in both indoor workshop activities and farm work. A wide range of handicapping conditions is presented, and scenes depict the clients undergoing various functional and intelligence testing.

Although the film would be of interest to a wide range of professional persons working with the handicapped, it should prove most useful as a general public educational film showing the functions of a sheltered workshop.

Lisa! Pay Attention. 16 mm. Color. 21 min. Bono Films Services, Inc. 1042 Wisconsin Ave., N.W., Washington, D.C. 20007.

"She's a slow learner." "She's retarded." "She's emotionally disturbed." These are diagnoses often attributed to persons who have a hearing loss profound enough to cause inadequate performance. Often these persons can pass the typical hearing test, a fact that will "cloud" the child's real problem.

In addition to exposing the hidden hearing problems of many children, the film discusses several dimensions of hearing loss and reviews child behavioral characteristics that should alert the teacher to the need of a thorough hearing evaluation.

Health and Welfare Motion Pictures and Filmstrips. International Film Bureau, Inc., 332 South Michigan Ave., Chicago, Ill. 60604.

This catalog gives all pertinent information about the films carried, including rental price. Some of the categories covered that would be of interest to readers are: Aging, handicapped children, drugs, alcohol, rehabilitation, and stroke.

Holy Smoke. 16 mm. Color. 8 min. Billy Budd Films, 235 East 57th St., New York, N.Y. 10022. Purchase, $95. Rental, $15.

This film reflects the opinion of youth related to drugs. They tell it like it is: they won't buy the purely informational approach to drugs, and they are not impressed by scare tactics. But they ask the adult to help them find the positive approach.

Darkness Darkness. 16 mm. Color. 37 min. Film Division, Grove Press, 53 East 11th St., New York, N.Y. 10003. Purchase, $360. Rental, $60.

The appeal of drugs to youth is the subject of this film. Insightful views into the lives of affluent, white, middle class, youthful drug users, however, subtly shows the seamy side of addiction. It should be an excellent film for showing both to youth and adults.

Everybody Wins. 16 mm. Color. Sound. 22 min. Bradley Wright Films, 309 North Duane Ave., San Gabriel, Calif. 91775.

O. William Blake, a nationally known physical educator, is presented demonstrating the teaching fundamentals of physical education skills—catching, throwing, kicking, and running. The film indicates the relationship between these skills and the development of self-image.

Of special interest to teachers of handicapped children is a section showing how special materials can be adopted to help the children move into learning situations and develop a higher level of performance.

Realities of Blindness—The Perkins Experience. 16 mm. Color. 29 min. Film Library, Campbell Films, Academy Ave., Saxtons River, Vt. 05154. Free loan basis.

The capabilities and limitations of blind and deaf-blind children are realistically portrayed in this film. Set in the renowned Perkins School for the Blind in Watertown, Massachusetts, the film presents the children as they really are, leaving the viewer with an impression undisturbed by myths and misconceptions. The children are seen in a wide variety of activities as they work and play with their teachers and friends. The message of this Perkins experience should be of interest to anyone who works not only with the blind and deaf-blind but with handicapped children in general.

The Growth and Development of A Multiply-Handicapped Infant. 16 mm. Black and White. 10 min. New York University Film Library, 41 Press Annex, Washington Square, New York, N.Y. 10003.

This film is designed for professional and educational groups.

Three and a half years of a profoundly retarded, blind infant's life are recorded. The film explores the depth of emotion the family has in deciding to institutionalize the child.

An easy-care polyester knit has a front zipper as an easy-on, easy-off feature. Sleeves are designed for movements and attractiveness.

Clothing for

Lois O. Schwab, Ed.D., and Margaret B. Sindelar

Over the past several years, new ideas in clothing design and dressing techniques have been developed that add to the total rehabilitation of the person. Various programs have been initiated to help restore dignity and self-sufficiency to handicapped persons through the meeting of their physical and psychological clothing needs.

While the physical concerns of clothing include a specificity related to individual or group handicaps, there are generally some basic requirements common to all groups: the clothing must be easy to manipulate despite limited movement, poor coordination or weakness; the fabric must withstand wear and strain in places of tension; and the clothing must provide for freedom of movement.[1]

Psychological needs for the disabled may be met through the use of attractive colors, functional and fashionable design, and interesting textures. Clothing for the disabled should not be identified as "something different" but conform to general clothing fashions.

Dr. Schwab is associate professor in the Department of Education and Family Resources at the University of Nebraska, Lincoln. The research summarized in this article was conducted by Mrs. Sindelar for her master's thesis under the direction of Dr. Schwab.

This research was made possible by RSA training grant no. 648–T–69 and research project no. 90–7.

the Physically Disabled Homemakers

Historical Background

In the early 1930's imaginative parents made simple adaptations of clothing for their handicapped children. Garments, such as dresses and nightgowns, were made to open all the way to allow for ease of dressing. The invention and growing use of the zipper aided these parents.

In the early 1950's, a rating scale, entitled Activities for Daily Living, was developed for measuring attainments in self-care; some items on dressing and undressing were included. This scale led to a new focus on the difficulties of dressing and the time involved with clothing. Follow-up studies with functional garments for both boys and girls were conducted at the Eastern New York Orthopedic Hospital-School (Sunnyview) in Schenectady, New York and at the Institute of Rehabilitation Medicine (IRM) in New York City. The studies emphasized a simplicity of fashion which accented the idea of as few garments in the wardrobe as possible and a minimum of fastenings.

In the late 1950's clothing developments for the homemaker were begun. The Institute of Home Economics in the Agricultural Research Service, an agency of the U.S. Department of Agriculture, launched a study into the development of functional clothing for physically handicapped homemakers. Seventy women, ages 21 to 82 with physical limitations requiring use of wheelchair, crutches, walker or cane in order to manage household duties, were studied. Many of them were afflicted with hand, shoulder, and arm handicaps besides being crippled in the lower parts of the body. The questionnaire used secured information on eight types of garments: blouses, dresses, skirts, slacks, shorts, aprons, slips, and indoor wraps. Acceptance of various styles and design features were categorized according to physical disabilities.

In obtaining clothing, most of the homemakers bought them readymade; some had sewn their clothing; and others expressed the desire to sew. Shopping for clothing was considered laborious, with most women requiring a companion. Some homemakers preferred the independence of mail order.

With basic concepts for clothing for the disabled woman established, garments illustrating the concepts were developed by June 1960. These garments were intended to "attract to the individual and detract from the handicap" and were taken on tour of the country for viewing by the physically disabled women.

IRM has had a continuing interest in special clothing for the handicapped.[2] In 1955, Helen Cookman, a well-known dress designer, joined the staff and a study of dressing problems was undertaken on 51 random subjects discharged from the Institute after rehabilitation. It showed that 50 percent still experienced dressing problems with all types of garments. Personal interviews helped focus on the specific problems; these were followed by observations of individuals attempting to perform dressing activities.

These observations led the researchers to conclude that, just as garments are designed for tennis or sailing, garments should also be designed for crutch-walking or sitting in a wheelchair. The designers reasoned that if the person looks his best, the visual effect of disability is minimized. That is, if a woman tries to hide leg braces by wearing long skirts, she only calls attention to the disability if long skirts are out of style.

The study identified for further study a number of problems which appeared to be common to persons with physical disabilities. They included: (1) the use of styles that were not easy to put on and take off, (2) hard-to-manage fastenings, (3) lack of freedom of movement for such activities as crutch-walking or sitting in a wheelchair and, (4) lack of extra-strength fabric to handle wear and tear of garments from wheelchair, crutches or braces.

The Public Health Service [3] has also recognized the need for specially designed clothing for women with physical disabilities. Staff members have identified the unique problems of the woman with arthritis and have issued a bulletin on *Making Simple, Inexpensive Clothing Adaptations*. Special closures and adaptations for undergarments and dresses are reviewed.

Functioning Programs

As an outcome of the study outlined briefly above at IRM, a nonprofit organization, Functional Fashions for the Handicapped, was launched in 1961.

It conducts research continually throughout the country on development of garment design which helps solve clothing problems for the physically disabled. Garments are then tested, approved or rejected. Approved garments are produced by selected manufacturers and sold with their regular lines across the country with the additional label, *Functional Fashions.* The garments are manufactured in all price ranges for men, women, and children.

The Vocational Guidance and Rehabilitation Services (VGRS) of Cleveland also manufactures clothing. A VGRS designer with a specialty in clothing for the disabled and aged conducts research on the special needs of the handicapped, plans new designs, and oversees the manufacture of fashionable clothing. [4 5]

The VGRS clothing catalog [6] states that the clothing has been developed to "meet a variety of special needs: Clothing that will accommodate orthopedic appliances or allow for bodily deformities, clothing that can be managed conveniently by those with limited movement, clothing adapted to the crutch or wheelchair user.

The clothing is designed to accommodate a physical disability and yet be fashionable and feminine in style. Maximum comfort, minimum maintenance, and ease of dressing are featured in these garments. All garments are machine-stitched with some hand finishing done under supervision in workshops. *Velcro,* the nylon burr-type fastener, is used in many of the garments.

Leinenweber, Inc.[7] is a custom-tailoring establishment for men. They have designed clothing for men in wheelchairs for both comfort and fit which are available to the "wheelchair set" at department store prices.

Another specialty catalog house promoting clothing for the disabled is Fashion-Able.[8] This organization was founded by Mrs. Van Davis Odell and specialized in undergarments for the physically limited. Again, for ease of dressing, *Velcro* is featured on many of the garments. Some of the *Fashion-Able* designs are manufactured in the VGRS workshops. The present catalog features dresses, pant suits, bathing suits, and toppers, as well as undergarments of all kinds. Accessories and devices for the physically limited are also made available

TABLE I.—*Features Preferred in Readymade Clothing of Selected Physically Disabled Homemakers in Nebraska and New York*

Features in Clothing [1]	Neb. Homemakers Disability			N.Y. Homemakers Disability	Weighted Average Preference
	H/A N=2	Leg N=12	H/A+Leg N=19	H/A+Leg N=13	N=46
Comfort/freedom of movement	6	1	1	2	1.52
Convenience, easy off/easy on	5	2	2	1	1.84
Safety	7	7	7	7	7.0
Protection from soil and spills	2	4	6	5	5.02
Serviceability	3	5	5	4	4.63
Fabrics with functional qualities	4	6	4	6	5.08
Becoming, attractive colors	1	3	3	3	2.91

[1] The numbers indicate rank order of items picked, #1 being the most frequently chosen and #7 the least chosen item for each category.

TABLE II.—*Difficulties with Fasteners and Closures of Selected Physically Disabled Homemakers in Nebraska and New York*

[In percent]

Fastener Difficulty	Neb. Homemakers Disability			N.Y. Homemakers Disability	Total
	H/A N=2	Leg N=12	H/A+Leg N=19	H/A+Leg N=13	N=46
Fastener Difficulty:					
Yes	100	33	68	85	65
No	0	66	32	8	33
Type Fastener Difficulty:					
Buttons	50	25	37	38	35
Zippers	50	33	37	38	37
Snaps	100	8	16	38	24
Grippers	50	0	21	23	17
Hooks and Eyes	100	8	53	38	39
Tie	50	8	21	15	17
Other	0	0	21	8	11

Note: Multiple responses were given, therefore, percentages total above 100.

through the shopping service included with the clothing catalog.

Commercial pattern companies have adapted the results from various clothing research projects to home sewing patterns to allow independent dressing by the handicapped. Patterns may be chosen or adjusted for specific disabilities. For example, a coat dress can be chosen which has the advantage of wide, short sleeves and requires a minimum range of movement by the upper arm. A hardware closure usually found on the galosh makes for easy closure for those with hand involvement, or a decorative front closure may be reinforced with *Velcro* strip under the lapped skirt. The coat dress, which can be put on while holding onto a rail or other support for those with limited balance, is especially suitable for the woman with arthritis, a hemiplegic condition or muscular dystrophy.

For the woman using crutches or braces, the dress with the A-line skirt may be appropriate. An adapted shirtwaist style dress may make it possible for women with arthritis or hemiplegia to be independent in dressing. Adaptations to the dress may include an inset-elasticized belt and large buttons or *Velcro* patches under smaller buttons.

Recent Study on Clothing Needs

In 1969, a study [9] reported clothing satisfactions and preferences of 46 physically limited homemakers with hand/arm and/or leg disabilities living in small town/rural areas of Nebraska and metropolitan areas of New York City. The Nebraska sample of 33 homemakers consisted of 2 women with hand/arm disability, 12 women with leg disability, and 19 women with both hand/arm and leg disability. The 13 women in the New York sample had both hand/arm and leg disability.

In Table I the rank order of features preferred in readymade clothing for both a Nebraska and a New York sample are indicated.

The study indicated that approximately 50 percent were independent in their dressing. The other 50 percent expressed some degree of dependence on others in their dressing due to operational problems created by poorly placed closures, especially back zippers, and use of fasteners and closures that were difficult to manipulate.

Sixty-five percent of the women experienced difficulty with fasteners. The types of fasteners and closures causing the most difficulty in dressing are listed in Table II. Hooks and eyes, zippers and buttons were found to be problems. Other difficulties were caused by sleeves, necklines and set-in belts or bands. Undergarments caused problems because of limited reach, limited energy, and again, the hard-to-reach and difficult-to-manipulate fasteners. Coats and cloaks were found to be hard to manage due to lack of balance of the disabled person as well as troublesome fastenings and inappropriate, bulky fabrics that are hard to manage in a wheelchair.

The physically limited women of the study were extremely conscious of their clothing and dressing problems and found it difficult to obtain clothes which enabled them to be independent in their dressing care.

They indicated that the clothing they selected from downtown metropolitan stores, suburban shopping centers, and catalogs usually needed to be remodeled to fit them and to meet their individual needs. Perhaps this accounted for the fact that home sewing for garment construction was preferred by one-half of the homemakers. More specifically, the women geographically located in rural areas preferred home construction of clothing over the purchase of readymade garments.

The women had suggestions for improving clothing for the disabled and solving some of the more prevalent operational problems. They voted for zippers with large pull tabs, large buttons, large grippers and hooks. They wanted action pleats strategically located (underarm for crutch use, knee for brace), pleated pockets for carrying items, overblouses with satin linings that wouldn't creep up when using crutches, elasticized belts and hems that were adjustable to the individual's posture. They wanted bra-slips with center front zippers and stretchable fabrics for slip bodices.

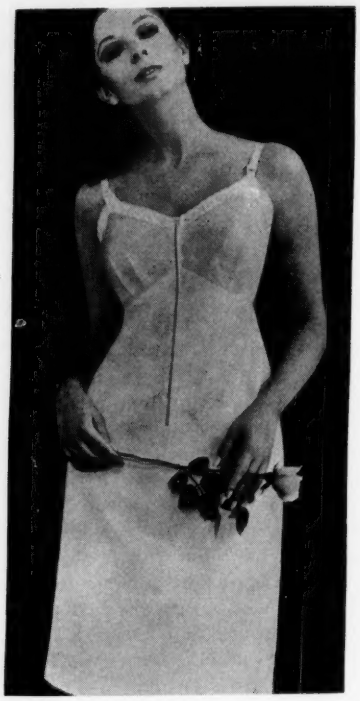
Only one-half of the women in the study were familiar with the special clothing features mentioned above for the accommodation of specific disabilities, and only one-fourth of the women of the study had actually used these features, although all features are available in readymade clothing and some are available in pattern form.

Summary, Conclusions and Recommendations

Valuable time and effort have gone into the development and production of adequate clothing for the physically disabled but the disabled population has not been familiarized with what has been done in the way of clothing to make them more independent in their dressing as a means toward total rehabilitation. The women in this recent study as well as in previous studies definitely indicated a need for specially designed clothing. None of the women in the Nebraska-New York study was familiar with the specially adapted home sewing patterns for the disabled by pattern manufacturing companies, and only a small percentage (2.3 percent to 13.2 percent) was familiar with any of the manufacturers of special garment features for women as outlined previously.

It is possible for those who work in rehabilitation, such as physicians, counselors, therapists and other paramedics, to develop agency and community awareness of special clothing needs and their availability for the disabled.

Perhaps the rehabilitation counselor is in one of the most strategic



For evening or dining out (left), a smart Gibson Girl blouse with jet-buttoned cuffs and a cotton velveteen red and black plaid skirt that buttons to below the knee. Above, a front-zippered slip.

positions to inform individual clients and other health professionals about clothing features that are available on readymade garments and may be added to garments either custom-made or purchased readymade. He can inform men and women as to where and how the clothing can be ordered. He may also be in a position in many States to authorize the expenditure of funds because proper clothing means independence not only in getting ready to go to a job but during the day at work. The responsibility of the rehabilitation counselor runs the gamut from physical restoration to employability. Self-care in dressing is a major step toward developing the independence which may lead to employability.

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COMMENTARY. . .

. . . On Handicabs

I would like to congratulate Mr. John H. Dunn for the article that he wrote on Mr. Len Lovdahl, founder and president of Handicabs. (July–August 1972) It is indeed an awakening article, an awakening to the dire need for transportation of the handicapped (I am handicapped myself).

Miss Rachel Rodriguez
San Antonio, Tex.

. . . On Public Assistance

I accidentally ran across a reference to an article I wrote for the *Record* in the May–June 1963 issue dealing with the rehabilitation of public assistance cases. In the article I referred to an earlier project we had become involved in 10 years before [in California] and reading the article almost 10 years later, it was a little shocking to realize that over a span of 20 years almost nothing had changed—that the same problems and attitudinal hang-ups still persist. . . .

Andrew Marrin
Associate Regional Commissioner for Rehabilitation Services
Region VIII

Upon reading the article mentioned, I was struck with the thought that there is "nothing new under the sun." Mr. Marrin's report of 10 years ago is as pertinent today as it was then. In several instances, recommendations made then are being implemented now!

I thought the material important enough to reprint below some of the highlights of his 1963 paper, "They Can Be Rehabilitated!"

Editor

. . . most of our counselors come to us from middle class backgrounds with full-blown set of middle class values. These values generally center on thrift, industry, sobriety, self-respect, and obligation to one's family. It is inevitable, therefore, that on the basis of these values many of our rehabilitation people find it difficult to vew with sympathy the public assistance recipients, many of whom so obviously have different values and standards or actually seem lacking in any standards. . . .

Historically, the attitudes of society toward people who cannot meet their subsistence needs have been basically punitive. . . . Officially the protective philosophy has prevailed for the last quarter of a century, but the punitive attitude has remained close to the surface and erupts periodically in angry revolts by taxpayers' groups and others concerned about mounting costs. . . .

Returning to our pioneering study of vocational rehabilitation of public assistance cases: many of our findings have had far-reaching effects, but many of the problems we identified still have wide application today. Among the major problems uncovered were the obvious ones of lack of coordination among the agencies furnishing the necessary health, welfare, and economic services to public assistance recipients. The problem of staff turnover in welfare departments was acute then and is acute today. Not only was there an abnormally high separation rate, but the problem of recruiting trained personnel has not improved perceptibly in the past 10 years. Among the major drawbacks to effective selection of rehabilitation cases were the lack of basic medical information and the lack of medically trained personnel in welfare departments. In the case of mothers who otherwise would have been employable, child care facilities 10 years ago were grossly inadequate. . . .

. . . A quotation from our 10-year-old study is still valid today:

> Rehabilitation counselors are starting with a grossly erroneous premise if they believe that public assistance recipients are happy on relief. They are apprehensive, frustrated, and unhappy—anything but satisfied and relaxed, as they are often accused of being . . . .
>
> On the basis of studies of individual case loads in the welfare departments, we concluded that the ultimate answer, until public assistance personnel problems are solved, lay in our assigning fulltime rehabilitation counselors to these agencies to review cases at intake in order to select and refer. A demonstration grant was obtained under Public Law 565 to explore this approach to a very difficult problem.

. . . a few conclusions can already be made. First, the review of initial intake records in welfare departments is generally unsuitable as a means of evaluating rehabilitation potential. The major reason is that the primary emphasis at welfare intake is upon basic eligibility for assistance, and the medical information available is too limited for a rehabilitation judgment. . . .

Another observation . . . was a general lack of understanding on the part of the welfare caseworker [about vocational rehabilitation].

Probably the most valuable part of this project has been the reception accorded the counselor who is now physically stationed in the welfare department. . . . In some counties the counselor is being brought into the training of new caseworkers, and this offers great hope that many more people will be aware of rehabilitation and its potential. . . .

COMPREHENSIVE SERVICES

A Community Function

SOL RICHMAN

The person and the community live in a symbiotic relationship. This relationship should insure society's capacity for progress as it responds to the changing needs of its people.

The community—serving the common interests and needs of all its citizens—provides the institutions, services, and channels for growth, development, and fulfillment of its people. The person is influenced by this total environment. From it he derives certain self and community expectations. These expectancies are visible in the person's goal-oriented activities and in his approach to the responsibilities of citizenship.

The fact that the community generates expectations should commit it to providing a suitable psychosocial and economic climate in which the person can meet those expectancies. The community and its array of facilities, agencies, and institutions should be interrelated with the needs of the person. This interrelationship, with its interdependence and cooperative activities, should enhance human and societal development.

Ideally, identifying with the community's channels for individual growth and development should provide each person with a sense of social belonging. This, in turn, would generate a sense of self-expectation that the use of society's institutions and instruments would result in the person's ability to achieve goals and values for himself and the community.

Social institutions have been responsive only minimally to the needs of the people. People-helping agencies, for example, primarily have been geared to the alleviation of emergencies and crises. It has always been easier—in a shortsighted way, more economical—to put out symptomatic social and health brush fires than to plan extensive preventive programs.

The problems of many persons have been the result of services they did not receive earlier in their lives when their limitations were in the incipient stages of development. Too often, people continue with maladaptive behavior patterns or physical conditions until the situation becomes so aggravated that the crisis, itself, demands and generates a service program. It might be said that such crisis service is provided to meet the needs of or to protect the community rather than to assist the person. Thus, the person is the incidental beneficiary because, had his needs been the original focus of concern, the community's agencies would have acted at his earliest point of need.

Traditional service agencies have always been, and still are, treatment-oriented. Concern for prevention planning should be developed to promote both prevention and early intervention. Without adequate emphasis on prevention and early intervention, the community will remain on a treadmill of trying to solve problems as they occur, but never truly involving itself in long range planning for effectively meeting those problems and developing programs and services responsive to changing human needs. Planning for prevention requires far greater sensitivity to human needs than developing services to meet emergent or crisis needs.

The community should develop a planned program of services which has the capability and capacity to provide each person with the services he may require at the earliest manifestation of need. Such a structure would require that all service organizations and social institutions be interrelated and integrated to provide a continuum of service. This concept of service mandates that the various agencies in the community know their own services, be thoroughly familiar with the services of other community agencies, and be

Mr. Richman is a special assistant to the Commissioner, Rehabilitation Services Administration.

cognizant of the total needs of the person as they serve him in terms of their own special focus. In this way, they can make the most effective use of their own capabilities and the capabilities of other agencies within the family of service agencies.

If a continuum of service concept would be adopted, each person (at any age level) who manifested a physical or psycho-social problem would receive the services necessary to prevent, alleviate or contain the problem at the earliest point in time. This approach integrates an awareness of individual needs with the advantages of prevention.

To plan for a continuum of service, we need to examine the matrix that constitutes one area of our society; namely, the individual and the community vis-a-vis its service arms which are public and voluntary agencies.

The psycho-social conditioning of the person, in terms of self- and community-expectation, provides him with a belief in the availability of opportunities and services. Without adequate training, opportunity is a meaningless term in that the person is not psycho-socially "ready" to make use of such an opportunity. The capability of the person to reach out for and use help is a function of the experience he has had with society and the institutions it has developed for his assistance. Therefore, the utilization of social institutions is a function of their scope and availability—both on a time and on a living experience continuum—throughout the person's life.

The concept of a comprehensive and continuous service will be conveyed and become a part of the person's way of life when service agencies begin to see each community agency as an extension of their own effort and as completing a continuum of service. At present, these professions tend to treat segmentally, in terms of their own discipline, persons with problems. All professions will have to interrelate their services if they are to insure that the whole person and his environment are interrelated, and that the person will be both able and motivated to participate in a comprehensive service plan.

The person is the incidental beneficiary [of services] because, had his needs been the original focus of concern, the community's agencies would have acted at his earliest point of need. Without adequate emphasis on prevention and early intervention, the community will remain on a treadmill of trying to solve problems as they occur . . .

Despite the intellectual acceptance of the value of interagency coordination and cooperation, there currently is too little motivation indicative of each agency's being a member of a family of community service agencies. This is due primarily to two factors: (1) Unsystematic growth of both public and private agencies, and (2) current patterns of financial support.

Meeting human needs has generated the development of a variety of social instruments or agencies on a public and voluntary basis. Traditionally the public agencies assumed responsibility for broad ranges of services while the volunteer agencies concentrated on special needs. Each agency, public or voluntary, has always tried to increase the comprehensiveness of its program to provide a one-stop service market, ostensibly to insure service continuity and prompt delivery. The concern for service continuity recognized that a delay in service could cause deterioration of a condition and reduce a person's motivation and interest in solving his problem. On the other hand, a one-stop agency does not require a close relationship with other community services and unintentionally fosters isolation from community and deters the development of a continuum of service in the community. The one-stop agency promotes duplication of services and does not permit maximum use of the service dollar.

The reputation of community services is too often reflected by the degree of financial support it receives from the community and from State and federal sources. Volunteer agencies are affected by fund drives or from community chest-type moneys. Political power and existing statutes determine the activities of the public agencies. State and federal funding has encouraged this isolation by emphasizing the role of the individual agency. For example, State-federal special research, demonstration and development funds usually come through individual agency initiative and direct application.

Volunteer agencies usually act independently of each other, or are loosely tied through a federation of agencies or through community councils and/or chests. Community councils have not challenged the pattern of agency individuality, nor have they been particularly successful in coordinating services and programs. Typically, their membership has not expected such a role and has not provided the necessary authority.

It is not unusual to find that some councils are dominated by local political or other community power structures. Reacting to community needs becomes a function of either the power structure or the conscience of individual service agencies. This situation is further complicated by the numerous State and federal programs that deal directly and financially with both the public and nonprofit service agencies. Such

procedures reduce the need for individual agencies to identify themselves with a family of agencies in the community. Further, they encourage the development of service and agency comprehensiveness within each agency, rather than the concept of a planned continuum of service in a community. Because of these circumstances, it is rare that a community council has dealt with the problem of agency coordination to insure that a community has, or is developing, a full spectrum of services, and that these services are readily available to people as they require them.

Thus, although interagency cooperation is espoused, most agencies tend to act as if they were the major service-deliverer in the community. When new service needs are recognized, both public and volunteer agencies seek the limited available funds to expand their services to meet these needs—without analyzing within which existing agency or agencies such new services should most logically be housed; or if a new agency might provide a more effective service delivery. (Whereas the above is standard procedure, coordinated planning would result in maximum utilization of the community's facilities and expedite delivery of services.)

Community agencies, as entities, have the right to exist only to the degree that they perceive themselves to be the arms of the community and to the degree that they act as its media for effectuating community aims and goals. Since this is their primary reason for being, they should work toward a form of community leadership that would coordinate their services into a continuous whole, provide service on a continuum, and develop and grow in the community's family of agencies. In this way, the specific interests of each agency would be strengthened and utilized to their maximum through the integration of all agencies in the common purpose of service to people.

If these precepts are adopted, agencies will have to orient themselves and their staffs to the greater recognition that they are an instrument of the community, and, as such, they are part of an interrelated organization.

Who will coordinate and integrate each service into the total spectrum of services? There has never been any specific authority to speak for the total community.

One approach could be service delivery through such media as the neighborhood multi-service center. Some of these centers already have been developed. From a human point of view, they meet the logistical and community needs for a local coordinating agency with the additional built-in factor of advocacy to reach out beyond the center to all other community organizations and institutions. Although there are a number of administrative problems in integrating services of a broad range of agencies under one roof, that is not the major problem. Rather, the competitiveness among agencies and local government related to who shall be responsible and in control is, and has been, the real determinant in developing innovative approaches to service delivery. This problem exists at all levels of federal, State, and local governments and agencies. Custom and habit die hard and support for the status quo is well entrenched.

Without adequate training, opportunity is a meaningless term . . .

Perhaps the proposed national action in the public welfare area to separate human service from financial support programs is the first real conceptual breakthrough, not so much in terms of administrative reorganization, but in a philosophy which will reemphasize the significance of service apart from financial support. Reducing and eventually removing any stigma attached to public services will enhance their value for a larger segment of the populace. Such a separation of human service and funding on the part of the public service sector, coupled with a growing sensitivity to human needs and a desire to commit government at all levels of action, may establish a totally new advocate role for public services and substantially modify and integrate the role and goals of the voluntary sector. The traditionally sharp division of effort between public and voluntary service will increasingly become hazy.

To simply conclude that cooperation and good will is the answer to interrelated services is rank evasion of the real problem of control. We must recognize that progress can be made only if coordinating responsibility, funding, and accountability are clearly lodged in one central agency. This approach may not solve all the socio-political problems, but it will provide an administrative base from which to start organizing all community services into a meaningful whole, and on a single continuum of need.

Central coordination makes the principle of management by objectives applicable to community management of service agencies. The major objectives of the community—achievable through a continuum of service—can become the broad objective of each agency in the community. Each service agency can then begin to see itself as an instrument to accomplish a series of subobjectives within the overall community goal. They can view their own individual objectives as subordinate, supportive, and contributing to the major effort. Community objectives can provide a yardstick by which to judge individual and group achievement. Breakdown or breakthrough in effective function becomes readily visible and can be acted on more quickly.

To reiterate, two factors inhibit the development of a coordinated, integrated continuum of service through public and voluntary agencies. First, agencies and community structures tend to acquire a life of their own apart from the needs of the individual and the community that created them. Rarely are the original goals reexamined and the purpose of the agency studied to determine if the needs that created a particular service still exist—or if those needs are being met by other agencies. Rather, agencies in a desire to grow, continue to develop new or additional goals with little or no consultation with the community. A central coordinating agency would provide a base for reexamining the goals and services of all agencies so that these services could be pulled together into a meaningful whole.

A second factor is the lack of central authority in the area of fund raising and fund management for both public and voluntary agencies. A central coordinating agency should also have responsibility for funding service agencies and it should be empowered with the authority to make all such agencies accountable for funds expended and services rendered.

This central authority should be located within the community. Public agencies should implement the accepted and practiced community philosophy, within the framework of broad national guidelines. The community voluntary agencies would then add new, acceptable services to the public service sector, with those additional services being designed to meet specific community needs. These needs must be established by the community and its people.

The three arms of the community—people and public and voluntary agencies—can be united to provide a continuum of service to all persons. To be effective, this union must be under one central authority that will be responsible for both funding and coordination. The people and public and private agencies must endow this central authority with the power necessary to promote an orderly and effective continuum of service that will reflect the changing needs of the people. ■

For Offenders

Family and Couple Therapy

The following words are excerpted from an article entitled "New Techniques: Remove 'Clinkers' From 'Thinkers' " by Eugene H. Strangman, Ph. D. It was printed in *Health and Social Services in Wisconsin,* a publication of the Wisconsin Department of Health and Social Services.

In recent years the notion that the cause of an individual's mental or emotional difficulty resides solely within that person has undergone marked change. The focus has turned from viewing the individual alone to viewing him as a member of a group.

The group which exerts the most influence on an individual's development is usually the family group. From this conception of the importance of the family in the development of emotional difficulties, techniques of family therapy have been developed. Here the family is treated as a system.

An individual who has mental, emotional or behavioral difficulties is usually living within a family context of some kind. Problems in family relationships often come to light when one of its members has some difficulty with the law.

In a crisis of this kind family members are often willing to examine past relationships and attitudes toward one another. This can lead to a better understanding of the role each family member has played in the lawbreaker's life. Better understanding hopefully leads to changed behavior.

The family can be a powerful factor in determining whether or not a paroled offender can successfully adjust outside the correctional institution. This is becoming particularly apparent with our juvenile populations. The family must in some way be involved in the delinquent's rehabilitation to make it effective.

A variant of family therapy, couple therapy, is another developing useful tool. Marriage difficulties often are apparent before the offender is incarcerated and may be directly related to his getting into trouble. Unless resolved in some way, these difficulties will remain to plague him when he is paroled.

A common one is disagreement in the handling of the children. Another typical difficulty, and often at the root of many other difficulties, is a lack of communication between husband and wife. They simply do not talk about things of concern to themselves and to the survival of their marriage.

Couple therapy can be oriented toward opening the communication channels so that husband and wife can begin discussing and solving their problems rather than merely exchanging brickbats. In both family and couple therapy a more secure foundation is laid for the offender's return to the community; the probability of a return to prison is diminished. ■

ACROSS THE DESK

PUPPETS and marionettes have been used extensively in teaching situations, but Mary Harper, a Hartford Art School graduate student, uses a little different approach. Using styrofoam and felt, she fashions her puppets to resemble the child. She then encourages the children to express their ideas on stage through use of the puppets. The process helps develop verbal ability.

CATHY CROWELL of Stockton, California, has adopted Betty Ann, a 5-year old child. Nothing out of the ordinary there, except that Cathy is now a single parent and her child is deaf. The adoption was made possible under new California legislation that permits single parent adoption. Cathy has a master's degree in deaf education.

DEAF TV VIEWERS in Austin, Tex., "hear" the 7:25 a.m. newscast on station KTBC-TV via an interpreter. Although the service was initiated in mid-1970, an assessment of its popularity was never made until one day when the interpreter had to cancel her appearance at the last minute. Station officials say "the switchboard was busy all day explaining that the show had not changed format."

THE SPECIAL OLYMPICS PROGRAM for mentally retarded youngsters has greatly expanded in the last 4 years. When this annual event was instituted in 1968 there were only 1,000 participants. Now, however, there are as many as 250,000 young athletes and 10,000 volunteers involved in the sports program.

WELL SAID; WORTH SAYING: In spite of a great broadening in humanitarian rhetoric and increases in rehabilitation expenditures, the overall picture remains the same today as it was 25 years ago. Numerically and proportionately the incidence of disablement has not decreased and attitudes among the non-disabled have not measurably improved. (R. William English, "Combatting Stigma Towards Physically Disabled Persons," in Rehabilitation Research and Practice Review, Fall 1971) ....Without in any way attempting to belittle or detract from the good works of many dedicated people, or to deride the good intentions of those who would assist in the vital area of hearing conservation, I am compelled to point out that hearing is of less importance to the deaf community than being heard. (Edward V. Darney) in a panel discussion at the Annual Meeting, The President's Committee on Employment of the Handicapped)....Knowledge--Ah! If human beings only knew a little less and understood a little more (Le Digeste Francais, Montreal, as quoted in Rehabilitation In Asia).

ARCHITECT TRAINEES, according to a General Services Administration requirement, will spend a full day in a wheelchair as they go about their normal assignments. This act will be repeated once a year in a program in orienting young architects to provide for the physically handicapped in the design and construction of government buildings.

THE GOVERNOR was late for work, and why not? Washington's Governor Dan Evans, spent a day in a wheelchair, and he found that maneuvering over, through, and around the multiple barriers in his mansion and office (and in between) was a nearly impossible task. "This has been a sobering experience," he said. He urged groups representing handicapped persons to be more militant in their lobbying efforts in the legislature.

DR. HOWARD RUSK, President of the World Rehabilitation Fund, has announced the establishment of the Russell J. N. Dean Memorial Library in the School of Allied Health Profession, University of the Philippines. The tribute is a "fitting memorial to the late Mr. Dean because of the support he gave the allied health profession for more than 25 years," said Dr. Rusk.

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REHABILITATION RECORD

The weakest ink is better than the strongest memory

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